

January 1, 2007 – December 31, 2009
CHILD AND FAMILY SERVICES PLAN UPDATE

**For
8/1/08-12/31/09**

**Monroe County
Department of Human Services**
Submitted October 15, 2008

This Child and Family Services Plan Update including the Strategic Component, the Administrative Component-Local Department of Social Services, the Administrative Component-Youth Bureau, and the PINS Diversion Services Plan covers the period of October 15, 2008 – December 31, 2009. The plan contains County's outcomes and strategies to be undertaken that respond to community needs by the Youth Bureau for youth development and services and by the District in the areas of Adoption, Foster Care Services for Children, Preventive Services for Children, Protective Services for Adults, Protective Services for Children, Other Adult Services, and other Children and Family Services. The Plan contains estimates of expenditures and program information.

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I. Outcome Framework/Mission/Vision

Monroe County Department of Human Services (DHS) continues to review our Mission Statement to ensure that it is inline with the County's Vision Statement and that it informs ALL activities/initiatives/efforts of DHS and its divisions.

Monroe County Vision

Monroe County is a community of choice that is economically prosperous, healthy, safe and fun. We attract employers, skilled workers and visitors because our community offers:

- Stable property taxes
- Safe, secure neighborhoods
- A wide range of recreational and cultural activities
- Collaboration among the County's municipalities to create a sound governmental infrastructure
- Quality housing at affordable prices
- Partnerships to improve the health of its citizens and the environment
- Outstanding educational opportunities through a wide variety of institutions of higher learning

The above factors along with many more, make Monroe County a community where our children and grandchildren want to stay and raise their families.

Department of Human Services Mission

The Monroe County Department of Human Services develops, provides and coordinates services for eligible residents to assist them in maximizing independence, safety and physical and emotional well-being.

Monroe County DHS has identified and continually reconfirms the *Core Priorities* which direct DHS's activities and to which the 3 Year Outcomes and Strategies are aligned:

- Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults
- Self-sufficiency and Healthy Development
- Effective and Efficient Utilization of Limited Resources

II. PLANNING PROCESS

A.) Describe the county planning process that has taken place including meetings forums, hearings, collations and task forces. The description must include the level of involvement or consultation with the following: the public hearing, LDSS Advisory Board, County Youth Board, municipalities, youth, families, broad based community participation, and youth bureaus (county and municipal). Please include specific reference(s) on how the Youth Bureau and Local Department of Social Services have planned together.

There have been several major events that have contributed to changes in the planning infrastructure and process since the January 2007 – December 2009 plan was written. The following outlines some of the key events:

MCDHS Organizational Structure

In 2006 the department implemented *Project Integration* to reorganize the administrative structure of DHS to focus energy and resources on three core priorities: Safety, Self-Sufficiency and Healthy Development, and Effective and Efficient Utilization of Limited Resources. The department structure has continued to be refined and services/units shifted to better align with the Core Priorities and to maximize its ability to implement its mission to develop, provide and coordinate services for eligible residents to assist them in maximizing independence, safety and physical and emotional well-being. The specific organizational changes that have been implemented since January 2007 are: (1) Adult Protective Services shifted back to Child and Family Services Division freeing up Office of the Aging to pursue a broader focus towards serving the elderly throughout Monroe County; (2) the Office of Early Childhood shifted back to the Office of Public Health which is able to better support their focus; (3) a reorganization and expansion of Child & Family Services Division including the addition of four (4) CPSM teams, four (4) CPSI teams and a Training Team; (4) the Strategic Initiatives and Data Analysis Unit was renamed to Business Process Team which more accurately reflects their focus and special projects; (5) FCP added an additional community Medicaid team for a total of three Medicaid Teams and the Chronic Care team was moved to this division. In addition, FCP added staff to its employment and TA service teams. A copy of the current organizational structure can be found in the Strategic Component - DHS/LDSS.

MCDHS Administration feels that the refining of the DHS structure will result in the following benefits:

Short Term:

- Maintaining consistent program and service decisions within the context of clear core priorities.
- Improved clarity in lines of authority and responsibility. The statutorily required connection to the County Executive is maintained by Social and Mental Health Services and the Youth Bureau while one unified Vision and Mission guiding all human services in Monroe County under the management and leadership of the Commissioner of Monroe County Department of Human Services.
- Increased clarity of Monroe County's human service vision and *integrated* structure for community partners, other municipalities and county departments.
- Increased coordination of resources to serve high need/high cost clients and key strategic initiatives.
- A platform to ensure key human service issues are fully considered at the County Administrative level.

Long Term:

- Demonstrate improvements in measurements related to core priorities: Safety; Self-Sufficiency and Healthy Development; and Effective and Efficient Utilization of Limited Resources.
- Improved risk management.
- Improved utilization of limited resources.
- Improved cross system integration of resources to improve outcomes for high-risk and/or high need clients.
- Efficiencies in purchased services.
- Enhanced support for key strategic initiatives and constituencies.

Human Services Planning

DHS is actively engaged in multiple efforts to support core priorities and key strategic initiatives. Departmental leadership participates on multiple community initiatives, coalitions and partnerships and operates a significant number of internal efforts to advance progress toward our goals. The department continues to engage in a strategic planning process that provides a clear foundation for mission-based decision-making. Strategic planning is an ongoing process applied consistently. Currently, under the leadership of Commissioner Reed, all levels of departmental leadership are beginning a long term effort to update and improve the department's strategic framework. This process includes twice monthly meetings with division leadership and other key leaders. Cooperative planning between Social Services, Youth Bureau, Mental Health, Aging, and Early Intervention is ongoing since these units are collectively a part of DHS.

Advisory Committees/Boards

Advisory Board participation in human services planning and implementation is an important component of Monroe County's efforts to focus on meeting objectives associated with the mission and core priorities. MCDHS, including the three divisions and the units within them have several important appointed boards which help guide and inform our planning. A variety of committees and advisory boards exist at MCHDS to aid in the decision making process.

Outlined below is an overview of Monroe County's ongoing multifaceted planning process. Highlights of the large number of efforts are grouped under our core priorities: *Safety; Self-Sufficiency and Healthy Development; and Effective and Efficient Utilization of Limited Resources*. In many instance the activities under one core priority impact those of another priority.

Safety

Child & Family Services Internal Process Improvement Initiative:

Child Safety is an absolute priority of County Executive Maggie Brooks and her leadership team in the Department of Human Services. Multiple initiatives are underway to improve internal processes and purchased services. Whenever possible it is Monroe County's intention to be proactive in efforts to protect children and families. In addition, we are also prepared to react quickly to review decisions made and services provided in order to learn and improve processes going forward. The tragic death of a five year old that was formerly served by DHS presented a situation that called for, and received, a decisive internal review as well as a review by the Bivona Child Advocacy Center. The review identified areas in need of enhancement and continuous improvement. In response to this review, DHS collaborated with the OCFS Regional Office in a comprehensive improvement initiative. This initiative addressed multiple areas in a comprehensive manner. A detailed work plan with administrative accountability and deliverables was used to support the implementation of this very important effort. This effort culminated in a comprehensive re-tooling of our work processes and retraining of all of our child protective services staff. This training will be offered each year for all newly hired and promoted staff as well as for any existing staff that may benefit from taking it again.

Identification and Implementation of Evidence Based Models:

Monroe County and its partners are implementing several evidence based models to address priority issues in our community. Over the last few years, we have seen a significant increase in the percentage of families receiving preventive services that are active with child protective services. This upward trend suggests two things. The need to focus more of our resources toward primary and secondary prevention. This effort would decrease the number of children entering the system through the doors of CPS. Secondly, we must continue our efforts in bringing effective, science-verified programs to Monroe County while holding ourselves accountable for the delivery of services with complete fidelity to the models as they were designed and tested. We can no longer afford to invest in programs that do not have proven, measurable results based on rigorous research.

The **Incredible Years** basic parenting program continues to be implemented in multiple sites across the county, as does **Multi-systemic Therapy**. In our **Multi-systemic Therapy** program, we have increased the program's capacity over the past 2 years. The **Nurse Family Partnership** continues to grow in cooperation with the Monroe County Department of Public Health and with support from the United Way and the Children's Agenda. When fully implemented, this program will serve 100 first time mothers in Monroe County.

Building Healthy Children is a new initiative which began enrolling clients in 2007. This initiative is an exciting collaboration among the Mt. Hope Family Center, Strong Social Work Department, and the Society

for Protection and Care of Children. The program utilizes four evidence based programs: **Parents as Teachers**, a home visitation program, **Child Parent Psychotherapy** to address the attachment between young mothers and their babies, **Interpersonal Psychotherapy** to treat depression in low income young mothers, and the **Incredible Years** parenting program. The Building Healthy Children program works with the Strong Pediatric Practice to identify low-income mothers who are pregnant and/or had their first baby before the age of 21, and who have no history of an indicated child protective report. The program is being rigorously researched for effectiveness, and we hope to show that most of the recipients of this service are able to avoid entry into the CPS system. This program was developed and funded through a partnership between DHS and the United Way.

Homeless Youth

The Runaway and Homeless Youth Coordinator continues active membership in the Continuum of Care (CoC) for the Homeless Team, and the executive team of the CoC. The CoC is the city-county planning team for the HUD funds for the homeless. This year's applications included transitional youth housing for the Salvation Army, Mercy Residential, The Center for Youth Services and the Youth Bureau's Homeless Youth Project. Youth continue to be listed as a community priority population. Homeless youth are incorporated in the City and County Planning processes including the Monroe County Consolidated Plan, the City Comprehensive Plan, City Emergency Shelter Grant Review Team, and EFSB (formally FEMA).

Re-Configuration of Adult Protective Services

In 2004, several OFA and Adult Services key processes were studied and streamlined through elimination of non-value added components, and automation/ standardization of record keeping. APS was shifted from Child and Family Services Division to the Older Adult Services Division which included OFA and the Home Care Unit. As a result of this restructuring, preference was given to APS and Home Care clients in need of OFA contracted services

In late 2006, a decision was made to return Adult Protective Services back to the Child and Family Services Division. The Home Care Unit and Chronic Care teams were returned to the Financial Care Path division.

APS Case Load Planning Initiative

Adult Protective Services became concerned with the high caseloads (50+ cases per worker) carried by APS caseworkers and the impact this was having on caseworker's ability to "stay on top of things" for clients and respond quickly to the needs of vulnerable adults. In 2007, DHS Administration along with APS Supervisors and key staff took a look at each APS cases to identify those cases that needed APS services, those cases that could be best served by referral/linkage with other provider or community based services, and cases that were not appropriate for either APS services or other community based services. As a result, there has been a 35% decrease in the caseload from 2006 to 2008. In addition, the two APS Supervisors has provided in-service training and one-to-one supervision with APS casework staff to assist them in identifying cases appropriate to close or refer on. APS has also reached out to a broad variety of community agencies to partner with them to reduce case load size and to focus APS services to the need of the most vulnerable adults.

NYConnects

Adult Protective Services and OFA have been working with Monroe County's Long Term Care Council since Spring of 2006. The Council identified the top 15 issues facing Monroe County in regards to Long Term Care. The issue of most concern was identified as Care/Case Management Services. The Council has pulled together a workgroup comprised of APS staff, OFA staff, and community providers who provide long term care/case management services. This care/case management workgroup will be better able to define the issue(s) and identify opportunities to make systemic changes that will impact this issue.

OFA is pulling together community data that will identify what has been accomplished in the arenas of care/case management services and long term care, what models/services have worked, what has not worked as well and why, current challenges to addressing these issues and effective models used in other communities. The first draft of this report will be completed in November 2008 and will be presented at the Monroe County Office for the Aging's Public Hearing.

Self-Sufficiency and Healthy Development

ACCESS- Achieving Culturally Competent Effective Service and Supports

In 2005, County Executive Maggie Brooks announced that Monroe County was awarded a \$9 million federal grant to transform the children's mental health system in Monroe County. The Department of Human Services – Office of Mental Health will utilize grant funds to improve the infrastructure which supports the children's mental health system as well as expand service offerings in key areas identified through the County's extensive needs assessment conducted two years ago. Goals for ACCESS include reducing disparities and improving outcomes for children and families.

The County is partnering with child-serving systems, grassroots community organizations, families and youth to develop ACCESS. The goal of ACCESS is to transform all aspects of the mental health care system in Monroe County for children and youth diagnosed with serious emotional disturbances (SED). Bringing to Monroe County a System of Care philosophy, ACCESS seeks to infuse the core values of family-driven, youth guided, cultural and linguistic competent, and community based at the system, organization, and practice levels. ACCESS has added to these core values additional values of being best-practice oriented and most recently, trauma-informed.

ACCESS has begun to implement reforms at the service delivery level, primarily through training and support in the Child and Family Team (CFT) process. This process is a care coordination model building on wraparound principles. Training started with ICM/SCM case management and waiver programs. Under development are plans to introduce this training to child welfare staff. In addition, ACCESS has begun training in Functional and Behavioral Approach (FBA), a philosophy of care designed for all service professionals with a broader audience than CFT. Another exciting initiative, Monroe County Building Bridges, has also recently begun with the support of ACCESS, joining the child welfare and mental health systems with residential service providers to more effectively integrate residential into the system of care. This collaboration across systems will help to align residential services with system of care values, thereby transforming residential care across the County. Through the expansion of CFT and FBA, as well as the work with residential providers, ACCESS seeks to extend influence beyond service delivery to the system and program evaluation levels. These efforts will help to address disparities in mental health services to children and families who have been underserved in the past, help to ensure coordination of services for children having multi-system involvement, and foster independence, self-management and smooth transitions to-and-from care for older youth.

Monroe County expects many positive outcomes to result from the efforts of ACCESS, such as earlier access to mental health treatment, an expanded array of community supports, reduced costs for intensive mental health services and out-of-home placements, and greater independence for children, youth, young adults, and their families.

Local Workforce Investment Board (LWIB), Rochester Works, LWIB Youth Council Joint Planning and Partnership (ongoing)

The DHS-R/MCYB received a *Partnership for Youth* competitive grant to align the youth development and workforce development systems over the next 5 years. This increases the opportunity for positive outcomes for

youth. Technical assistance, training and mentoring will be provided to those who are providing workforce development to youth. In addition a Workforce Investment Project will provide workforce development services to youth "aging out of foster care" and/or who are homeless utilizing a youth development framework and approach. The *Partnership for Youth* project is in Year 2.

School Community Partnership Network (SCPN) and Focus Groups (spring-summer 2006)

The SCPN brings together funders, planners and policy staff to coordinate the resources and supports provided through school-community partnerships. This is done to ensure opportunities to learn about and implement best practices to problem solve and create new partnerships designed to enhance outcomes for youth in school and the community.

Focus groups provided input into the development of the Student and Family Support Centers (SFSCs) best practices and guidelines which were critical in the development of the Vision, Mission, Values, Operating Standards and Core Elements of Student and Family Support Centers. Currently there are eleven (11) Student and Family Support Centers in the City School district. (Jan 2007- March 2008)

Positive Youth Development State and Local Partnership - Sector 8 Community Mapping.

New York State is one of eight states that received a competitive Federal Department of Health and Human Services grant from the Family and Youth Services Bureau for positive youth development. A requirement of the federal grant is the implementation of both a state and local community demonstration project to increase opportunities for positive youth development in local communities through collaborative processes. Only NYS counties who receive federal Runaway and Homeless funds were eligible to compete, due to the source of the federal grant funds AND only one county/local community could be funded per state. The DHS-RMCYB successfully competed for the grant and is participating as part of the eight-state federal demonstration project. The grant required a four-month collaborative planning process and \$100,000 for four consecutive years to implement the goals of the plan. An overall goal of the Positive Youth Development State and Local Collaboration (PYDSLCL) Demonstration is to pilot new relationships between the states and local communities selected for the project. This serves as a means of fostering closer collaborations between state agencies responsible for youth development programming and the communities that are expected to benefit from those services and programs.

Sector 8, in the Northeast area of the City of Rochester, joined the partnership as the local community partner. NYSOCFS continues to be a major partner with the RMCYB. To date, there has been a Sector 8 Community Retreat, a Sector 8 Youth As Resources mini-grant process and community mapping of 100 blocks of Sector 8. The process has engaged multiple community members, organizations and youth. Asset Based Community Development (ABCD) Institute has been contracted to provide training/consulting to the partnership. Residents (youth and adults) participated in a planning process to identify community issues, needs, assets and strategies in order to address identified areas.

Currently the Youth Bureau is in the fifth and final year of the collaborative partnership. Youth and adults in the community engaged in an Asset Mapping process. Funds from the 2007 summer youth employment programming through the local Workforce Investment was awarded to pay youth to map the gifts, talents, interests and needs of local residents. A Partnership Agreement with Search Institute and Community Connections through Asset Mapping (CCAMP) to utilize web-based mapping software through CCAMP. Based on mapping data youth and adults are planning projects to do together.

Youth Services Quality Council (YSQC) of Rochester and Monroe County

The YSQC is a 64 member organization of youth service providers who come together to collaborate on new ways to do business to ensure coordinated services, maximization of resources, quality services and outcomes.

Ad Council Positive Youth Development Campaign – Youth Development Ad Campaign launched spring 2008 on radio, TV and bus shelters “Small Talk, Big Difference”.

YSQC Meeting held with new superintendent of Rochester City School District, Jean-Claude Brizard on May 22, 2008 to discuss superintendent’s priorities and restructuring.

YSQC held a members’ training on Social and Emotional Learning (May 2008) to inform on the power and impact of social and emotional competencies and evidence-based/research-based programs found to be effective.

Greater Rochester After-school Alliance (GRASA) (spring-summer 2006)

The mission of the Greater Rochester After-School Alliance is: To improve the quality, quantity, and accessibility of out-of school programs in Monroe County and to position the community to draw down state and national funding for out-of-school programs. The initiative serves as:

- a central point for information on needs and strengths of out-of-school programs
- a community-wide priority setting body on issues relating to out-of-school programs
- a focus for coordinating responses to state and national requests for proposals

GRASA is supporting the piloting of the High Scope Youth Development Program Quality Assessment Tool. Currently two (2) years of data have been collected with one more year of collection. The Children’s Institute is under contract to train observers, pilot tool, analyze results and discuss tool improvements with High Scope.

In addition, GRASA up-dated its inventory of after-school providers within Monroe County and estimates of how many youth are currently in formal after-school programs.

GRASA coordinated in partnership with the City School District the 21st Century After-school application process that led to the development of 4 lead agency collaborative for 15 schools in need of improvement.

Monroe County Department of Public Health (MCDPH) and DHS-RMCYB Partnership

The Youth Bureau actively participates in the writing of the MCDPH Adolescent Report Card and the development of the Youth Risk Behavior surveys. In 2005, a newly developed middle school survey was administered to five middle schools. In 2007, the same five middle schools repeated the survey. Beginning in 2005, the middle school surveys included seventeen “asset” questions and five “asset” questions in the high school surveys. In 2007, the YRBS added a homeless question for all youth to respond to.

NYS Youth Development Team

In June of 2008, the Rochester Monroe County Youth Bureau participated in a strategic planning meeting sponsored by the statewide Youth Development Team to identify priorities in moving forward to integrate and institutionalize a youth development framework and policies within New York State. The Youth Bureau participated in quarterly meetings of the statewide team focusing on addressing youth development integration throughout all state departments.

Municipal and Municipal Youth Bureau Involvement

Three (3) municipal Youth Bureaus – Greece, Henrietta and Irondequoit and the City of Rochester and many Monroe County towns and villages have been and continue to be engaged in seeking “youth voice” and building developmental assets. The City of Rochester Bureau of Human Services and Recreation are partners in the NYS Department of Health ACT for Youth grant.

The municipal Youth Bureaus are actively involved in both the Youth Services Quality Council and the Community Asset Partner Network. Each Youth Bureau has incorporated asset building through positive youth

development in their policies and practices in all program areas of recreation and youth services. The majority of the towns are active participants in the Community Asset Partner Network (CAPN). These communities actively participate in the CAPN annual events and regularly participate in their local school-community asset partnerships.

Building Developmental Assets

Monroe County Asset Initiative & the Community Asset Partner Network was strengthened in July 2006 by the receipt of a NYS Health Department Asset Coming Together (ACT) for Youth Grant. The grant is for \$100,000 per year for five years. The grant focuses on incorporating positive youth development principles throughout the community with a focus on urban youth. This funding will allow us to intensify our asset development work within the city while supporting the efforts of the larger community asset network. The specific goal will be to document the work of our CAPN through story telling in print, photography and video.

Effective and Efficient Utilization of Limited Resources

Monroe County PINS System Redesign

The current system for serving PINS (Persons in Need of Supervision) and their families is costly; relies too much on out-of-home placements in both non-secure detention and OCFS licensed residential facilities; does not allow for immediate access to services; does not sufficiently involve families in the process of problem-solving; and does not serve young people who need support and structure well. The following four factors have pushed the issue of redesigning the PINS service system to the top of the agenda:

- The number of youth entering the PINS system and the number of PINS youth placed in residential care in Monroe County has continued to increase over the past 10 years and remains higher than comparable counties despite a full array of services.
- In 2001, the PINS age was raised from 16 to 18 thereby increasing the number of PINS referrals.
- Research demonstrates that children and families served through the PINS system often have significant unmet mental health needs.
- New legislation passed as part of the 2005-06 State Budget and effective April 1, 2005 mandates immediate changes and enhancements to the PINS system. The legislation requires: immediate access to services; increase family involvement; more efforts to divert youth before they are referred to Family Court; and reduced use of detention.

County Executive Maggie Brooks appointed a planning group in June 2004 to address these issues and develop a plan that would offer a more effective, efficient, and cost effective PINS service system for Monroe County. With the assistance of the Vera Institute of Justice, the planning group reviewed national models and successful programs throughout New York State along with data analysis and cost projections. In January of 2007, Monroe County implemented a PINS system redesign which has been and continues to be, a collaborative effort between the Monroe County Offices of Probation – Community Corrections, Department of Human Services – Child and Family Services Division, the Department of Human Services – Office of Mental Health, and CCSI, Inc. The partners are committed to creating family-driven, strength-based, individualized responses that assure the safety and well-being of youth and families throughout Monroe County, and appropriately respond to their identified needs. It is projected that Monroe County's implementation of the new PINS system is conservatively estimated to save the County 1.4 million dollars the first full year of operation. Key elements of the model include:

- Created a County operated Family Access and Connection Team (FACT) to serve as the centralized entry point that offers immediate response, effective triage, family assessment, short-term care coordination and linkage to supports and services for families experiencing significant behavioral and emotional challenges with their children without court intervention. FACT is Monroe County's integrated entry point to care for our community's highest needs/highest risk children and youth. FACT incorporates the Office of Mental Health Children and Youth's Single Point of Access (SPOA) and the PINS Diversion system.

FACT includes:

- A runaway response model that partners with families to locate their youth who have run away and offers community-based interventions which assure safety, assesses the youth and family's needs and reunifies the family as quickly as possible
 - Implements a PINS truancy protocol in collaboration with Monroe County school districts
 - Created a family orientation/educational seminar for all parents and youth before a youth is referred to the Probation Intake Team or petitioned to Family Court.
 - Establish a PINS respite model
- Develop and enhance the array of community-based interventions and alternatives to non-secure detention and out-of-home placement including juvenile tracking, short-term respite, intensive supervision, a Juvenile Reporting Center and electronic monitoring.
- Require that community-based alternatives continue to be utilized once a petition has been filed and that community-based dispositions are tried and exhausted prior to seeking out-of-home placement.

During 2008/2009, Monroe County will contract with CCSI, Inc. for an evaluation of FACT. Information gleaned from this evaluation will further inform the design of FACT and help set the stage for Phase II of the PINS system re-design.

Alternatives to Detention

In Fall of 2007, Monroe County received an OCFS Technical Assistance grant to have Vera Institute for Justice work with Monroe County to reform the local juvenile detention system. Monroe County had a two day retreat in the fall of 2007. Monroe County representatives left the two day process with an agreement on guiding values for detention in Monroe County; a commitment to develop, test, and implement an objective, standardized juvenile detention risk assessment instrument for JDs at-risk of secure detention; and implement a continuum of alternatives to detention for PINS and JDs. Two sub-committees (Risk Assessment Instrument and Alternatives to Detention) were formed as well as a Detention Reform Steering Committee to oversee the design and implementation of detention reform efforts in Monroe County. Monroe County set an aggressive timeline to begin implementation of an RAI in early 2009 at the same time bringing on-line viable, alternative to detention options for Family Court judges. The results of this effort and those services developed/implemented as a result will be outlined in the 2010-2012 Child and Family Services Plan.

Rochester Children's Zone

Monroe County, under the leadership of County Executive Maggie Brooks is participating in this comprehensive initiative.

Capacity Building Project formerly Best Practices Project

The Capacity Building Project supports management level youth and family providers that come together to learn, share, communicate, plan and empower each other. The Project identifies and develops critical organizational elements and functions that must be implemented to maintain best practices consistent with the Community Youth Development philosophy. This includes: creating, maintaining and increasing learning

environments within organizations; identifying, sharing and encouraging the use of program models and strategies known to be effective with youth and families; increasing the use of strength-based, youth and family centered, culturally competent effective practice; identifying and reinforcing consistent catalysts to implementing effective practice; identifying and reducing barriers to implementing effective practice; and improving organizational support of better practice through congruent policy, process and procedures

The Project focuses on several approaches to support organizational behavior change to implement effective practice and quality work with youth. Along with the professional development series in Supervision, Group Work, Youth Development and Family Development the partnership is offering mentoring, coaching and one-to-one consultation for organizations.

As funds to youth service providers become more limited, professional development of staff and organization practice improvements are harder to participate in. The Capacity Building Project provides an opportunity for ongoing professional development and training, as well as organizational technical assistance through small group participation.

READY Youth Development Measurement Tool Analysis

A confidential study and focus group with providers was held for two years, which focused on use of READY Tool. The Focus Group considered how the tool is to be used; issues or concerns; benefits; and technical assistance needs. In addition, an analysis of the tool's reliability and validity occurred. The tool development is where it should after 3 years of pilot use. Additional development to increase reliability and validity of some of the tool's sub-scales is needed, but is dependent on identification of additional funds.

United Way Student Readiness and Success Investment Team

The DHS-Rochester Monroe County Youth Bureau participates on the Investment Team which allows for coordination of match funds; identifying of priority youth needs; and focusing on evidence-based practice and programs that can make a difference for youth. Where jointly funded, the Youth Bureau and United Way conduct joint monitoring of programs and assessing of outcomes.

B.) List of Required Interagency Consultations

Please refer to Appendixes B 1- B5 (pages 27 to 33)

III. Needs Assessment

A. Needs Assessment Strategies and Activities

Monroe County Department of Human Services conducts ongoing data and needs assessment. The needs assessment supporting the 2007-2009 Child & Family Services Plan included a thorough review of existing needs assessments that include local, county-level and statewide data. Additional sources include 2000 Census and Updates, the 2005 Kids Count Data Book, the 2003 Community Profile developed by the United Way of Greater Rochester, and other comprehensive reports with local data regarding children, adults, families, and the Greater Rochester community. In addition, data was reviewed from the various programs and divisions of DHS on caseloads and service trends.

Data contained in the needs assessment was organized in six primary areas: 1) demographics, including population trends; 2) economic stability, including information on the job market and the local economy, poverty rates, housing and homelessness and trends in public assistance usage; 3) health and safety, including crime rates; 4) education; 5) child welfare data, child protective services and preventive, and

juvenile justice indicators; and 6) older adults information including the size of this population and adult protective services data. In each of these areas, differences between the city and suburban areas are highlighted to reflect their differing service needs. For detailed analysis of needs please refer to the Community Profile included in the 2007-2009 Child and Family Services Plan.

B. Needs Assessment Conclusions and Summary of data from the Monroe County Profile:

Review of the data indicates the lack of significant changes in Monroe County which would affect human services and citizen well being since the January 1, 2007 – December 31, 2009 plan was written. There continues to be major areas of concern including the continual rise in Child Protective Services reports, the cost of foster care, a decrease in youth receiving preventive services, decrease in youth bureau funding that supports general youth development, increase in community violence resulting in one of the highest rates of homicides in the state, and increasing unemployment and underemployment rates. While at the same time concerns are increasing, MCDHS is taking steps to “stem the tide” of negative impacts on the youth and families it serves. The redesign of the PINS system, deliberate reduction in detention beds, Community Asset Initiative, expansion of DHS casework and examiner staff, changes in internal policies and practice standards and other efforts are working together to assist families to become more independent of government intervention. Below highlights data elements that demonstrate the need for continual planning and service provision.

Child protective services

- The numbers of allegations investigated by CPS have consistently increased in the past four years. CPS investigated 6,948 cases in 2007 and on average, 30% of investigated cases have been indicated each year.
- The vast majority of CPS cases investigated involve neglect rather than abuse.
- Monroe County data suggest there is a relatively high rate of recurrence of abuse or neglect among families with indicated CPS reports. Historically, 11% of children who were victims of substantiated child abuse and/or neglect had another substantiated report within six months. New York State has established a goal for the recurrence of maltreatment at 10.3% or below.

Foster care

- Monroe County has a lower total placement rate than New York State as a whole, but a higher rate than four of the five most comparable counties in the state.
- The number of foster care placements at year-end in 2007 was 889. This is a 16% decrease from 2006.
- The largest age group in foster care in 2006 was 14 to 17 year olds.

Youth development

- Monroe County's suburbs fare better than the city in terms of educational attainment, high school graduation, and academic achievement of students. Overall, more 3rd thru 6th grade students are meeting Math and English language grade level standards than are 7th graders. Based on the 2003 cohort study of all city school district students, 48% graduated in 2007.
- Between 1995 and 2005 there has been a 45% decline in the teen birth rate in the City of Rochester. Yet the birthrate per 1000 girls, ages 15-19 in the City of Rochester is 71 per 1000, which is above the NYS rate at 27 and the US rate at 40. In 2005, 558 children were born to teen parents in the City of Rochester. These 558 children will fill 26 kindergarten classrooms in the City School District in 2010.
- According to the 2007 Monroe County Youth Risk Behavior Survey (YRBS), between 1999 and 2007, there were significant increases in the proportion of students who reported they ever had sex, had sex before age 13, were currently sexually active and had 4 or more sexual partners in their lifetime.

- The 2007 Monroe County Youth Risk Behavior Survey (YRBS) notes that there were improvements in the percentage (lower numbers) of students who reported that in the past year, on school property, they were bullied, injured or harassed, and had property stolen.
- Child poverty continues to be a major challenge in the city of Rochester. The child poverty rate is the 12th highest in the nation at a rate of 41.1%, based on 2006 US Census Bureau's ACS.
- In the 2007 Monroe County Youth Risk Behavior Survey (YRBS) there was an increase between 2005 and 2007 (asset questions included as of 2006 YRBS) in the proportion of students who reported they know one or more adults that they can go to and discuss important questions related to their life. In addition, 57% of students agreed or strongly agreed with the statement "In my community I feel like I matter to people"; 54% of students reported spending one or more hours per week helping others; 82% of students reported their family gives them help and support and 64% of students reported they get a lot of encouragement at school.
 - Males were more likely than females to report family, school and community support.
 - Hispanic students were less likely than Caucasian and African American students to report that their family gives them support when they need it.
 - Hispanic students were less likely to report spending one or more hours per week helping others.
 - African American students were less likely than Caucasian students to report they know of one or more adults they can go and talk with about important life questions

Adoption services

- Monroe County had a consistent rate of adoptions between 2004 and 2007. An average of 82 children have been adopted in each of the last four years.

Preventive services

- The numbers of children served by Preventive Services has remained fairly steady since 2004. The number of children and youth served thru preventive services was 4,677 in 2004 and 4,446 in 2007.
- The number of families served by Preventive Services has been increasing since 2005. There was a 9% increase of families served between 2005 and 2007.

Detention services/Juvenile Justice

- During the 1990s, the NYS Division of Criminal Justice Services found that while minority youth are over-represented in the Monroe County juvenile justice system. Disproportionate minority confinement of juveniles is attributable to both the higher arrest rate of non-white youth in the county and the fact that minority youth are more likely to be detained following arrest, but not to inequities in the processing of detained youth. Once detained, white youth were more likely to be placed than minority youth.
- Monroe County has seen a decline in admissions to Non-Secure Detention from 977 in 2004 to 873 in 2007.
- In contrast, Secure Detention has seen an increase in admissions/youth in care from 723 in 2004 to 834 in 2007.
- While the numbers of PINS referrals have remained fairly consistent, Monroe County has experienced a significant reduction in the number of PINS petitions filed from 766 in 2006 to 257 in 2007. This shift is primarily due to the opening of FACT.
- PINS placement numbers are down from a high of 113 in 2005 to 68 in 2007. FACT is clearly a factor in this reduction.
- JD placement numbers have also been declining but not as significantly as the PINS placement numbers (174 in 2005 to 148 in 2007). While Monroe County's JD placement numbers have declined, Monroe County continues to be one of the highest placing counties with OCFS.

Child care

- In recent years, families receiving childcare subsidies have shifted away from the use of legally-exempt (informal) care. These families were more likely to use center-based and family-based daycare services. In 2004, 24% of subsidy cases were in center-based care and 30% were in family-based care. By 2007, center-based and family-based care utilization had increased to 30% and 34%, respectively. During this same time, the use of legally-exempt care had fallen from 46% to 35%.

Domestic violence services

- From 1996 to 2003, there has been a steady decline in the reports of domestic violence. In 2003, there were 7,403 reports of domestic violence with the majority in the city.
- From 2004 to 2007 the number of emergency shelter placements within licensed residential domestic violence provider in Monroe County remained constant at 330 placements (includes single women and women with children), and represents 10% of all emergency housing placements made by DHS.

Adult protective services

- APS served 1,448 individuals in 2006. 64% were 60 or older and 49% of the clients lived within eight (8) city zip codes. 56% of the individuals were female and 32% of the individuals were of color.
- The vast majority of the 2006 APS cases (83%) dealt with self-neglect rather than abuse or exploitation by others.
- APS saw an overall decrease between 2005 and 2006 in the number of cases accepted for assessment (11% reduction) and an 11% decrease in overall number of individuals served during the same time period. In addition, APS also experienced an overall 24% reduction in caseload which allowed them to work more closely with those individuals active with APS and an increase in partnerships with community agencies.
- As of 12/31/06, APS had 99.9% compliance rate based on the NYS Adults Services Automated System (ASAP)

Runaway and homeless youth services

- There has been a steady increase in the number of emergency housing and youth shelter placements for homeless youth since the mid 1990s. The number of youth sheltered has continued to increase as both the need and bed capacity has increased. The number of older homeless youth requesting services has continued to increase.

Aging Issues

- According to the census, one in six people in Monroe County are over the age of 60 (16.7%).
- The 65 and over population comprised 13.3% of Monroe County's total population in 2006.
- Of the total 65 and over population, the 2000 census shows that 36.5% have a disability.
- Per the 2000 census, one in six people in Monroe County are over the age of 60 (16.7%)
- According to the 2000 census, 11,275 grandparents in Monroe County live in a household with one or more grandchildren under age 18.
- Baby Boomers are starting to *age in* to the system.
- Over the next ten years, this demographic will have financial implications for the county. More people will outlive their resources and become dependent on Medicaid to pay for their health expenses.

Mental Health

- 6,854 children between the ages 10-21 received public mental health services in 2004.
- The most common mental health diagnoses for youth ages 10-17 are adjustment disorders and ADHD/disruptive behavior disorders. For those ages 18-21 the most common diagnoses are mood disorders and adjustment disorders.

- The utilization rate of public mental health services for youth ages 10-17 has increased since 2000.

Substance Abuse

- According to the 2005 Monroe County Youth Risk Behavior Survey, 44.2% of high school seniors have used illegal drugs in their lifetime.
- Illegal use of OxyContin among high school seniors increased from 4% (2002) to 5.5% (2005).
- Monroe County students were less likely than other US students to report that they had one or more drinks of alcohol before age 13 (22% vs. 28%)

Financial Services

- Utilization of Financial Assistance has declined since 2000, yet there has not been a corresponding decline in poverty rates. Per the American FactFinder, an Internet-based data tool of the US Census Bureau, the estimated percent of families below poverty in Monroe County rose from 8.2% in 2000 to 9.1% in 2006.
- During this time the average monthly TANF caseload has declined from 10,479 cases in 2000 to 6,377 cases in 2006. For the first four months of 2008, the average monthly TANF caseload is 5,918.
- During this time, the average monthly Safety Net Assistance caseload rose from 4,077 cases in 2000 to 6,784 cases in 2006. For the first four months of 2008, the average monthly Safety Net Assistance caseload was 7,234.

Analysis of the Monroe County Profile and Needs Assessment clearly demonstrates that Family Development, Youth Development and Community Development continue to be areas of key concern. Growing reports of child abuse and neglect and continued poor outcomes for children, youth, adults and families around safety, self-sufficiency and healthy development have led Monroe County to identify the following Core Priorities:

- Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults
Safety and protection for Monroe County's children, youth and families is a critical value and priority. Children and youth who live in safe and healthy environments are more likely to thrive and less likely to be placed in an out-of-home setting.
- Self-sufficiency and Healthy Development
Healthy communities are comprised of children, youth, adults and families at their highest level of self-sufficiency and development. MCDHS seeks to assist individuals and families in achieving and maximizing their capacities and potential through coordinated, comprehensive and results oriented services and supports.
- Effective and Efficient Utilization of Limited Resources
A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Focused resources must be effective, evidence-based and if possible coordinated with a continuum of services to eliminate or reduce duplication and increase efficiency.

C. Data Sources – Please see Appendix C

D. Ongoing Needs Assessment

The Monroe County Community Profile for Human Services will continue to be updated annually. Results of DHS staff involvement in various community planning efforts will be documented in the 2010-2012 Child and Family Services Plan Needs Assessment.

IV. OUTCOMES AND CORE PRIORITIES

The January 2007 through December 2009 Child and Family Services Plan included outcomes that were/are tracked for the entire department. Below are the outcomes as submitted. The outcomes have been updated to include 2006 and 2007 data where available. Improvement Projects relating to each outcome can be found in Appendix G.

Core Priority	Outcomes
Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults	1. Individuals and families are safe. 2. Abused, neglected or exploited adults will be identified. 3. Individuals and families experience permanency in their living situations. 4. Adults, older adults, and families are self-sufficient as dictated by age.
Self-sufficiency and Healthy Development	5. Individuals and families access needed support to obtain optimal development.
Effective and Efficient Utilization of Limited Resources	6. DHS operates at a maximum level of fiscal responsibility. 7. Employees of the Department will experience a high degree of satisfaction. 8. Customers of the Department will experience a high degree of satisfaction.

Outcome 1: Individuals and families are safe.

Indicators:

- 3 % Decrease in substantiated child abuse and neglect

Strategies: Improvement projects such as Rochester Safe Start and the Child Abuse Prevention Campaign are aimed at decreasing child abuse, its impacts, and increasing the number of "true positive" reports. The implementation of the Nurse Family Partnership program, Community Health Worker Program and other preventive collaborative initiatives (Building Healthy Children) are designed to prevent the incidence of child abuse.

Responsible Division: Child & Family Services

- 3 % Decrease in adult abuse and neglect

Strategies: Increase the number of family type home placements for adults and continue to support a multi-disciplinary team for community collaborators on adult protective services. Increase coordination of departmental services for adults between divisions and increase community knowledge of adult abuse through partnerships with Lifeline and Elder Source.

Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Office for Aging)

Measure	2004	2005	2006	2007
Indication rate for CPS reports	29%	28%	26%	28%
% of CPS determinations that are overdue/total reports active	50%	51%	52%	46%
Number of CPS reports per month	525	548	561	579
Number of CPS reports per year	6300	6574	6738	6948
Number of diverted CPS reports per month	181	190	162	170
Number of 1034s per month	55	48	51	61
Total number of 1034s	661	573	615	731
Recurrence of maltreatment	11%	11%	11%	11%
Number of children served by Preventive Services per year	4677	4377	4562	4446

Number of families served by Preventive Services per year	2062	1819	1953	1982
Number of Adult Protective Cases	470	458	373	245

Outcome 2: Abused, neglected or exploited impaired adults will be identified.

Indicators:

- 5 % Decrease in the number of open Adult Services cases

Strategies: Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with most appropriate services to ensure they move from the caseload to permanency.

Responsible Division: Child & Family Services,

Measure	2004	2005	2006	2007
Number of new cases accepted for assessment	619	615	500	530
Number of prior cases still active	447	451	344	217
Number of referrals closed at intake	727	525	579	626
Number of utility referrals	42	31	20	55
Contract Guardianship (New as of 2006)			15	64

Outcome 3: Individuals and families experience permanency in their living situations.

Indicators:

- 5% Decrease in the number of children placed out of the home

Strategies: Continue to support children and families in innovative ways to reduce out of home placement, current initiatives include Youth & Family Partnership, Families and Community Together, and support of MST and FFT. Implement a Transition Manager program at the Monroe County Detention Center to focus on youth likely to recidivate or move on to OCFS placement and increase intra and interdepartmental coordination to support high risk youth in Detention.

Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Detention Center)

- 5% Decrease in the length of time needed to achieve permanent placement, whether through family reunification or adoption

Strategies: Continue to focus efforts on increasing the number of foster and adoptive family homes, which could increase quality of foster care, increase adoptions and improve permanency. Establish clear policies for relative resource placements and increase access to stable living for Runaway and Homeless youth. Increase interdepartmental coordination in providing or purchasing services for high risk youth.

Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Detention Center, Rochester Monroe County Youth Bureau)

Measure	2004	2005	2006	2007
Number of children who exited foster care within 90 days	181	150	140	100
Number of children who were discharged from foster care to the custody of a relative	98	177	147	89
Number of adoptions finalized per year	88	76	89	76
Youth and Family Partnerships (average # of children per month)	37	61	81	77
JD/PINS Care (average # of children in care per month)	87	160	194	158
IV-Eligibility (Amount IV-E claimed annually)	\$14,050,680	\$13,964,765	\$14,728,898	\$11,480,231
Foster Care IV-Eligible in purchased residential foster care (average # of kids in care per month)	291	203	123	122

Foster Care child welfare purchased agency (average # of kids in care per month)	212	193	203	149
Foster Care – IV-Eligible in family foster care homes (average # of kids in care per month)	263	350	341	307
Foster Care – child welfare family foster care homes (average # of kids in care per month)	198	259	257	208
Total youth in care at the end of the year	989	1016	1060	889
Number of youth participating in runaway/homeless services	1,456	1,628	1,550	2,023

Outcome 4: Adults, older adults, and families are self-sufficient as dictated by age.

Indicator:

- 3% Increase in use of financial management services and other needed supports among older adult population
- Strategies:** The number of seniors accessing financial management programs decreased from 2003-2004. However, more thorough monitoring of the subcontracting agency is being employed to ensure that contract goals are met. The number of seniors receiving health information assistance continues to grow through community outreach. HIICAP has a presence at festivals and fairs, on the internet, and through the print media.
- Responsible Division:** Child & Family Services, Division of Administration & Purchased Service (Office for Aging), Financial Assistance Division

Measure	2004	2005	2006	2007
Number of referrals to Catholic Family Center (CFC), formerly Family Service of Rochester Financial Management Program from APS	76	65	73	76
Number of Adult Services cases closed at intake	727	525	579	625
Number of seniors receiving WRAP grants per year	453	425	90	9
Number of seniors receiving HEAP grants per year	3,067	3,012	3,184	2,714
Number of seniors accessing financial management programs	319	295	340	418
Number of seniors receiving information assistance from HIICAP program	4740	8200	4000	4029
Number of placements (slots) in subsidized Senior Employment Program	22	22	22	5

Outcome 5: Youth and families access needed support to obtain optimal development.

Indicators:

- 5% Increase in the number of youth reached by youth development programs
- 5% Increase in the number of families reached by developmental interventions

Strategies: Continue to support community optional preventive programs like EnCompass Resources for Learning and Hillside Work Scholarship Connection to build skills in youth and families that are at general risk of out of home placement. Further integrate these services into the Rochester City School District and ensure that these services are part of a continuum of services designed to enhance child, youth and family development. Continue to support Nurse Family Partnership and Community Health Worker Program as part of a larger strategy to improve strengths in children and families. Continue commitment to strengthening the Community Asset Partnership Network and expanding the voice of the Asset Approach through grant seeking and refinement of local Asset initiatives. Partner with Search Institute to bring annual conference to Monroe County. Seek funding beyond Youth Bureau allocation to expand and improve quality of youth development services. Continue projects which aim to increase best practices in services delivery.

Responsible Division: Division of Administration & Purchased Service (Detention Center, Rochester Monroe County Youth Bureau), Child & Family Service

Measure	2004	2005	2006	2007
Number of youth participating in youth development and prevention services	19,194	13,500	23,421	20,187
Number of youth receiving diversionary services	1,103	993	1,079	1,065
Number of municipalities & school districts participating in the Asset Partnership Network	18	18	18	18
Number of municipalities & school districts trained in youth development and the asset model/approach	18	18	18	18
Number of youth served through contracts for arts, cultural and recreation programs (Moved from Outcome 7)	16,235	13,824	17,003	14,540
Number of youth involved in civic engagement/community service through Youth As Resources (Moved from Outcome 7)	450	500	550	600

Outcome 6: DHS operates at a maximum level of fiscal responsibility.

Indicators:

- 2.5% Increase in appropriate opportunities for revenue
- Ensure that eligible consumers continue to be served in a cost effective manner

Strategies: Continue to analyze and improve reimbursements and access to grant funds where appropriate.

In cooperation with the county Purchasing Office implement a new performance measurement initiative for all contracts (5 year timeline).

Responsible Division: All DHS

Measure	2004	2005	2006	2007
Reimbursement Revenue department-wide	\$251,387,133	\$227,346,202	\$220,738,765	\$202,088,018
New funding for core services	\$0	\$992,000	\$1,713,918	\$5,155,646
JD/PINS Care (Average local cost per child per month)	\$3,193/child	\$2,792/child	\$2,867/child	\$3,614/child
Foster Care IV-Eligible in purchased residential foster care (Average local cost per child per month)	\$1,993	\$2,416	\$3,468	\$3,080
Foster Care child welfare purchased agency (Average local cost per child per month)	\$5,301	\$5,199	\$6,923	\$7,236
Foster Care – IV-Eligible in family foster care homes (Average local cost per child per month)	\$368	\$491	\$431	\$396
Foster Care – child welfare family foster care homes (Average local cost per child per month)	\$703	\$460	\$735	\$947
Title XX Claimed (Amount claimed annually) [note: this is for preventive, protective, etc., but not foster care]	\$2,901,789	\$2,828,121	\$11,427,634	\$10,455,866
Number of eligible seniors served through OFA programs	30,000	35,968	23,841	23,841
Number of subcontracting OFA agencies meeting or exceeding number of persons to be served as stated in contract	99%	99%	99%	99%

Number of grant applications prepared by the Youth Bureau	2	2	3	3
Number of community grant applications participated in	2	1	1	1

Outcome 7: Employees of the Department will experience a high degree of satisfaction.

Indicators:

- Staff caseloads for all programs
- Employee satisfaction surveys

Strategies: Identify maximum effective caseloads, utilize mandated state standards and work management studies and develop strategies to come in line with maximum numbers. Review data obtained through employee satisfaction surveys to identify opportunities to improve employee satisfaction.

Responsible Division: All DHS

Measure	2004	2005	2006	2007
Average CPS Management caseload per worker	12	12	11	9
Average number of new CPS reports received per worker per month	9	9	8	9

Outcome 8: Customers of the Department will experience a high degree of satisfaction.

Indicators:

- 5% Reduction in the number of client complaints
- 5% Increase in client customer reports of satisfaction with DHS programs

Strategies: Establish a Customer Service Hotline to address client concerns effectively and efficiently. Track all client complaints and compliments in a database with regular review by administration and managers.

Responsible Division: All DHS

Measure	2004	2005	2006	2007
Number of Youth Bureau trainings provided to Best Practice Partners	30	22	20	20
Number of asset recognition efforts/activities	2	2	2	2
# of incidents in client waiting rooms/involving guards	N/A	972	1,000	1,350
# of new PNG clients	20	26	26	N/A
# of incident report filed with Safety & Security Committee	124	162	128	88

V. PLAN MONITORING

The MCDHS Planning Unit will be responsible for the monitoring and implementation of the Child & Family Services Plan in collaboration the R/MCYB and MCDHS administration.

VI. RESOURCE ALLOCATION/FINANCING PROCESS

In 2008, Monroe County began to implement a new contract system county wide called Contract HQ. This new system is designed to track contractor performance on their outcome objectives as well as calculate per unit costs; results of in-house evaluation/tracking; program/service utilization; etc. Monroe County feels that this new contracting process will better enable the county to identify effective programs/services quicker. It will also be able to assist the county to identify those contractors who are not meeting expectations early enough to allow county staff to follow-up with the vendor and provide assistance to enable them to meet the contract expectations.

Child & Family Services:

Many services in the Child & Family Services Division, such as foster care and adoption, are “demand driven” and criteria for service is mandated by need and regulation. Ancillary services including preventive services and community optional preventive services are developed and implemented based on need. Monroe County DHS is aggressively reviewing services it currently purchases and is developing a strategy to ensure that purchased services follow the core priority areas: Safety, Self-Sufficiency and Healthy Development, Effective and Efficient Utilization of Limited Resources.

A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. In the last thirty years, policy makers, human service workers, community groups and researchers have increasingly asked if the programs, services and strategies they provide and/or fund actually work. Interest in identifying the most effective efforts have led to research on local, state and national models. The findings of these studies are the basis of a new body of literature across multiple disciplines that describe and highlight “what works” when trying to improve outcomes for children, youth, families and communities.

Monroe County and its partners are implementing several evidence based models to address priority issues in our community. Over the last few years, we have seen a significant increase in the percentage of families receiving preventive services that are active with child protective services. This upward trend suggests two things. The need to focus more of our resources toward primary and secondary prevention. This effort would decrease the number of children entering the system through the doors of CPS. Secondly, we must continue our efforts in bringing effective, science-verified programs to Monroe County while holding ourselves accountable for the delivery of services with complete fidelity to the models as they were designed and tested. We can no longer afford to invest in programs that do not have proven, measurable results based on rigorous research.

To be considered for funding a program must include the following:

A. Alignment with the Integrated County Plan framework and Core Priorities:

- Safety- Protection and Support of Monroe County’s most Vulnerable Children and Adults
- Self-sufficiency and Healthy Development
- Effective and Efficient Utilization of Limited Resources

B. A program model that derives its foundation and focus in research based/evidence based elements of effectiveness and which is responsive to the population identified to be served and the impacts sought:

C. A results-based performance history that can achieve the outcomes stated:

- Assessment of program’s performance against the outcome objectives
- Description of past performance history of the program
- Agency’s performance with other programs (if the program is new)
- Demonstration of program’s commitment to continuous program improvement and systems for implementing quality improvements based on performance data

DHS-Rochester Monroe County Youth Bureau:

The Child and Family Services Plan provides direction and outlines the Department of Human Services Rochester-Monroe County Youth Bureau’s 2007-2009 Funding Priority Guidelines. The Plan requires that resources be prioritized within three core priority areas: Child & Family Safety, Self-Sufficiency and Healthy Youth Development, Effective and Efficient Utilization of Limited Resources. The Funding Priority Guidelines continue the DHS- Youth

Bureau's commitment to support three Monroe County community-wide outcomes through investment in programs and strategic initiatives: Children Succeeding in School, Youth Leading Healthy Lives, and Strengthening Families.

The Plan sets forth several approaches to building a youth development foundation that provides a comprehensive approach to improving outcomes for youth and families within their community that includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Planning for the funding process has drawn from the work of the Search Institute's *Assets Approach "Healthy Communities, Healthy Youth"*, and Developmental Research & Programs *Communities That Care "Social Development Strategy"* and Kretzmann and McKnight *"Asset-Based Community Development"* and the National Research Council and Institute of Medicine *"Community Programs to Promote Youth Development"*. The long term outcome is to build a *common sense* system that is responsive to youth and families, willing to partner with community members, consistently child and family focused, strength-based and grounded in research-based effective models and strategies. This *common sense* approach focuses on preventing problems rather than re-mediating problems.

The DHS Rochester-Monroe County Youth Bureau recognizes that funds allocated to support a youth development program often make up a portion of the funds required to implement a program and that other funders are partners in this funding investment. Monroe County's Plan process promotes a collaborative approach with key stakeholders to impact youth and family outcomes and move to a results-based, coordinated, responsive and comprehensive *common sense* service system. The resource allocation process will reinforce the integrated county planning process by seeking opportunities to work closely with other funders and relevant parties to implement an investment approach whereby new funding decisions and requests for proposals are not conducted in isolation but as cooperative ventures.

Funding Criteria

Alignment, program model elements and effectiveness, and performance are three cornerstones to investment decision making. All programs requesting funds are required to submit a program application and program narrative/description for the three-year investment cycle.

To be considered for funding a program must include the following:

A. Alignment with the Integrated County Plan framework and Core Priorities

Address two or more of the core priority areas:

- 1) Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults: Safety and protection for Monroe County's children, youth and families is a critical value and priority. Children and youth who live in safe and healthy environments are more likely to thrive and less likely to be placed in an out-of-home setting.
- 2) Self-sufficiency and Healthy Youth Development: Young people are actively engaged in the process of their development; aware of their needs and involved in the decisions that affect their lives; and are supported in the developmental process by positive youth-adult relationships and partnerships. Opportunities are provided for all youth to be engaged in the development of competencies, connections, character, and confidence that will become a basis for their success. Youth succeed in families where there is nurturing, support, clear expectations and boundaries. Positive family communication between a young person and primary caregiver(s) increase opportunities for youth to seek advice and counsel within the family. Primary caregiver(s) involvement in youth's schooling helps them succeed in school. Families need to be provided the necessary supports to reduce conflict and provide appropriate monitoring and clear expectations of children.
- 3) Self-sufficiency and Healthy Youth Development: Young people are actively engaged in the process of their development; aware of their needs and involved in the decisions that

affect their lives; and are supported in the developmental process by positive youth-adult relationships and partnerships. Opportunities are provided for all youth to be engaged in the development of competencies, connections, character, and confidence that will become a basis for their success. Youth succeed in families where there is nurturing, support, clear expectations and boundaries. Positive family communication between a young person and primary caregiver(s) increase opportunities for youth to seek advice and counsel within the family. In addition, primary caregiver(s) involvement in youth's schooling helps them succeed in school. Families with less conflict between primary caregivers and caregivers and youth support healthy development. Families need to be provided the necessary supports to reduce conflict and provide appropriate monitoring and clear expectations of children.

B. Effective and Efficient Utilization of Limited Resources

A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Focused resources must be effective, evidence-based and if possible coordinated with a continuum of services to eliminate or reduce duplication and increase efficiency.

C. Contribute to one or more of the community-wide outcomes:

Community wide outcomes and indicators are long term efforts that focus on promoting successful outcomes and measuring reduction of problem behaviors and/or increase in positive behaviors. They require the concerted effort of all community sectors and institutions to have an impact. Each sector plays a contributing role in our community succeeding in reaching these outcomes. Community wide outcomes are:

<i>Youth Leading Healthy Lives Outcome</i>	<i>Children Succeeding in School Outcome</i>	<i>Family Stability Outcome</i>
Fewer teen pregnancies	Improved academic achievement	Safer and more supportive living environment (permanency)
Reduced substance abuse among minors	Improved school attendance	More school stability
Less juvenile delinquency	Advancement in grade	Living above poverty
Fewer arrests for violent crimes	Fewer suspensions/lower suspension rates	Reduced child abuse and neglect
Fewer preventable and untreated health problems	Higher graduation rates	Better employment opportunities
Increased number of youth development assets	Increase the number of graduates obtaining employment or continue to higher education.	Increased numbers of youth living in stable environments (includes RN/HY)

D. Based on a youth development framework:

A youth development framework is the core foundation in all work with youth, whether the providers are involved in general youth services programming, prevention programming, early intervention programming or treatment services. Youth development begins with the principle that all youth have strengths. A youth development approach uses strengths as the foundation for action; it nurtures youth assets; it strives to promote competencies and mastery of life skills. This approach recognizes that all youth will develop; and it is incumbent on the family and community to ensure that there are appropriate positive pathways for that development. A youth development philosophy or approach is focused on what we want young people to achieve. At the core of youth development is youth participation and partnership with adults. Opportunities to participate in the development of their communities help young people gain a better sense of self, find their own talents, enrich their skills, and find adults with whom they can have positive, safe connections.

E. A program model that derives its foundation and focus in research based/evidence based elements of effectiveness and which is responsive to the population identified to be served and the impacts sought:

- Description of program model's comprehensive approach which promotes or supports a coordinated service system for the participants they serve
- Based on a logic model that delineates the assumptions or beliefs, inputs, activities and outputs that will lead to the outcomes.
- Well defined target population
- Statement of the number of youth/family to be served by the program
- Degree of change or improvement expected of program participants indicated
- Clear description of research based/evidence based program model foundation and theoretical foundation the model is built on.

The National Research Council reports that effective programs provide:

- Physical and psychological safety
- Appropriate structure
- Supportive relationships
- Opportunities to belong
- Positive social norms
- Support for efficacy and mattering
- Opportunities for skill building
- Integration of family, school and community efforts

F. A results-based performance history that can achieve the outcomes stated:

- Assessment of program's performance against the outcome objectives
- Description of past performance history of the program
- Agency's performance with other programs (if the program is new)
- Demonstration of program's commitment to continuous program improvement and systems for implementing quality improvements based on performance data

APPENDIX A

**PLAN SIGNATURE PAGE
CHILD AND FAMILY SERVICES PLAN**

We hereby approve and submit the Annual Plan Update to the Child and Family Services Plan including the Strategic Component, the Administrative Component-Local Department of Social Services, the Administrative Component-Youth Bureau, and the PINS Diversion Services Plan-Strategic Component for the Monroe County Department of Human Services and Youth Bureau for the period of October 15, 2008 through December 31, 2009.

Commissioner
County Department of Human Services
(LDSS)

Date

Executive Director
Rochester-Monroe County Youth Bureau

Date

Chair
County Youth Board

Date

I hereby approve and submit the PINS Diversion Services Plan-Strategic Component of the Child and Family Services Plan – Annual Plan Update for Monroe County Department of Probation – Community Corrections for the period of October 15, 2008 through December 31, 2009.

Director
Department of Probation – Community Corrections

Date

WAIVER

(Complete and sign the following section if a waiver is being sought concerning the submission of Appendix C – Administrative Component Local Department of Social Services – Estimate of Clients to be served.)

Monroe County requests a waiver to 18 NYCRR 407.5 (a) (3) which requests a numerical estimate of families, children and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix C, of the Administrative Component – Department of Social Services is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the Monroe County Child and Family Services Planning Process.

Commissioner
County Department of Human Services (LDSS)

Date

.....

Enclosed is the Child and Family Services Plan for Monroe County. My signature below constitutes approval of this report.

Maggie Brooks, County Executive

Date

APPENDIX B-1

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

PROTECTIVE SERVICES FOR ADULTS

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
PROTECTIVE SERVICES FOR ADULTS		
Aging	MCDHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee OFA Council for Elders Domestic Violence (DV) Coalition Greater Rochester Area Partnership for the Elderly (GRAPE)	<ul style="list-style-type: none"> • Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee - monthly meetings. • OFA/Council for Elders – as scheduled • Domestic Violence (DV) Coalition - monthly meetings • Greater Rochester Area Partnership for the Elderly (GRAPE) – monthly meetings
Health	MCDHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Long Term Care Council-Case Management Workgroup	<ul style="list-style-type: none"> • CAC - APS sub-committee - monthly meetings • NY Connects – as scheduled
Mental Health	OMH and mental health provider agencies CCSI - SPOA (for Adults)	<ul style="list-style-type: none"> • OMH and mental health provider agencies – as needed • CCSI, Inc – as scheduled
Legal	Monroe County Law Department	<ul style="list-style-type: none"> • Monroe County Law Department - monthly meetings
Law Enforcement	MCDHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Domestic Violence (DV) Coalition	<ul style="list-style-type: none"> • CAC - APS sub-committee - monthly meetings • DV coalition - monthly meetings
Other Public/Private/Voluntary Agencies	N/A Homeless Services Network Catholic Family Center High Risk Committee	<ul style="list-style-type: none"> • APS staff meeting -quarterly meetings • HSN - monthly meetings • Catholic Family Center - quarterly meetings • High Risk Committee – twice per month

Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Reducing risks and increasing protection for adults is a major item in all meetings/consultations. Providing coordinated services with partners continues to be supported and discussed. Interagency consultations also have occurred regarding housing and securing appropriate housing, such as family type homes for adults.

APPENDIX B-2
CHILD FAMILY SERVICES PLAN
List of Required Interagency Consultation
CHILD PROTECTIVE SERVICES

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
Agency Type		
Law Enforcement	IMPACT Team Executive Committee Bivona Child Advocacy Center Executive Ad-Com	<ul style="list-style-type: none"> • IMPACT - Four times a year • Quarterly
Family Court	Family Court Judges Family Court Collaborative	<ul style="list-style-type: none"> • Family Court Judges – Semi-annually • Quarterly
Public/Private Agencies	Citizens Advisory Council Children and Family Services Subcommittee Juvenile Justice Council Children's Mental Health Task Force Mental Health Community Board	<ul style="list-style-type: none"> • Citizens Advisory Council Children and Family Services Subcommittee - approximately every other month • Juvenile Justice Council - Every month • Children's Mental Health Task Force - Meets quarterly • Monthly
Government Agencies	MC Law Department Family Treatment Court Steering Committee NYS Office of Children & Family Services-RRO Statewide Permanency Planning Task Force	<ul style="list-style-type: none"> • Monthly • Bi-monthly • Monthly • Quarterly

Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Implementation of the Child Fatality Review team and an ongoing agreement between law enforcement and Child Protective Services is one area of consultation. Public awareness of child abuse is addressed as well. Discussion of family court procedures and issues of permanency and placement rates such as keeping youth in the community when possible continue to occur. Consultation with Rochester Regional Office staff regarding internal process improvement initiative focused on child safety and enhancements to investigation and management practice in child protective services.

APPENDIX B-3
CHILD FAMILY SERVICES PLAN
List of Required Interagency Consultation

CHILD WELFARE SERVICES

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
Agency Type		
Government Agencies	Monroe County Probation Department MCDHS- Youth Bureau MCDHS- Office of Mental Health Monroe County Law Department MCDHS-Office for Aging Family Drug Court Juvenile Drug Court Office of Children and Family Services Coordinated Care Services Inc. Monroe County Department of Public Health	<ul style="list-style-type: none"> • Monroe County Probation - twice weekly • MCDHS Youth Bureau – weekly • MCDHS- Office of Mental Health – weekly • Monroe County Law Department – monthly • MCDHS-Office for Aging- weekly • Family Drug Court – weekly • Juvenile Drug Court – at least monthly • Office of Children and Family Services – as needed • Coordinated Care Services Inc. – twice weekly • Monroe County Department of Public Health – as needed
Authorized Agencies	Alternative for Battered Women Hillside Children's Center St. Joseph's Villa Berkshire Farms Ibero American Action League Urban League of Rochester Lifetime Assistance Catholic Family Center Society for the Protection and Care of Children Mt. Hope Family Center United Way of Greater Rochester Children Awaiting Parents	<ul style="list-style-type: none"> • Alternatives for Battered Women – as needed • Hillside Children's Center – weekly • St. Joseph's Villa – monthly • Berkshire Farms – monthly • Ibero American Action League – monthly • Urban League of Rochester – monthly • Lifetime Assistance – monthly • Catholic Family Center – monthly • Society for the Protection and Care of Children – monthly • Monthly • Weekly • Bi-monthly
Concerned Individuals/Groups	Citizens Advisory Council - Children and Family Services Subcommittee Greater Rochester Collaborative MSW Program Adoption Resource Network Attendees of the Public Hearing Crisis Nursery of Greater Rochester Children's Agenda	<ul style="list-style-type: none"> • Citizens Advisory Council - Children and Family Services Subcommittee - approximately every other month • Greater Rochester Collaborative Master of Social Work Program – monthly • Adoption Resource Network – as needed • Attendees of the Public Hearing – at public hearing • As needed • As needed

Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Ongoing collaboration with multiple community partners around the identification and implementation of evidence-based practices in Monroe County, in an effort to improve outcomes for children and families. Collaboration with the United Way and several community consultants regarding the development of a primary/secondary preventive strategy designed to reduce the incidence of child abuse and neglect. Redesign of PINS services system in conjunction with Probation, Juvenile Prosecutor's Office, Office of Mental Health, Youth Bureau and CCSI. Work on development of new strategies to support and assist adolescents leaving the foster care system to live as self-sufficient young adults in the community. Collaborative work on juvenile justice reform, with Vera Institute for Justice as consultant is on-going.

APPENDIX B-4

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

DAY CARE SERVICES

DAY CARE SERVICES	Dates/Frequency
Government Agencies Rochester City School District's Bureau of Early Childhood Services	Early Childhood development Initiative- bi-monthly meetings
Other Public/Private/Voluntary Agencies Rochester Childfirst Network United Way of Great Rochester Rochester Area Community Foundation Representatives from Center-based childcare providers	MCDHS Daycare Advisory Group – quarterly meetings MCDHS Daycare Advisory Group – quarterly meetings MCDHS Daycare Advisory Group – quarterly meetings MCDHS Daycare Advisory Group – quarterly meetings
Concerned Individuals Groups Early Childhood Development Initiative Quality Council Advocacy Committee Children's Agenda Children's Institute	Early Childhood Development Initiative: as needed Early Childhood Development Initiative: as needed Early Childhood Development Initiative: as needed Early Childhood Development Initiative: as needed
Child Care Resource & Referral Agencies Child Care Council	MCDHS Daycare Advisory Group – quarterly meetings

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan

- Maximizing Child Care Block Grant funds for eligible families
- Identifying areas with improvement opportunities and setting improvement priorities
- Improving case review process to ensure information provided by childcare provider and family is accurate
- Ensuring authorized care is provided with adequate safety and health standards

APPENDIX B-5

CHILD FAMILY SERVICES PLAN List of Required Interagency Consultation

RUNAWAY HOMELESS YOUTH

AGENCY TYPE	AGENCY NAME
Department of Human Services	Emergency Housing Unit of DHS- Youth Emergency Housing Specialist- attends RHY monthly RHY Providers Mtgs & on going site visits to youth shelters Children & Family Services- one to one case consultations
RHYA Providers	The Salvation Army of Rochester -RHY Providers Mtgs Hillside Children's Center- RHY Providers Mtgs The Center for Youth Services- RHY Providers Mtgs
Adult Shelters & Teen Parent shelter	Mercy Residential Services Melita House(shelter for pregnant & parenting teens) - RHY Providers Mtgs Homeless Services Network- all shelter & homeless providers in Monroe County- all RHY Providers are members & attend regularly. 'Youth' providers have a seat on this steering committee
Legal Aide	Youth Advocacy- attends RHY periodically & one to one case consultations
OMH Services	OMH Intensive Case Management -one to one case consultations Community Based Mental health Services-one to one case consultations
Education-Rochester City School District & all town districts	Attendance Office-one to one case consultations Homeless Student and Families Program- staff attend RHY Providers Mtgs and offer RCSD youth & families access to basic needs
Health	Threshold- physicals for youth in shelter & outpatient care St. Mary's Hospital & out patient services- physicals for youth in shelter & outpatient care
Employment - Rochester Works; private employers	One to one case consultations & site visits at individual RHY programs

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan

The Youth Bureau and the R/HY programs have an on-going 24-referral agreement that allows for these agencies to work cooperatively to best serve the needs of runaway/homeless youth. The Runaway Homeless Youth programs meet on a monthly basis with the R/HY Coordinator to monitor the 24-hour agreement share resources and address common issues. The meeting location rotates in order for program staff to be up to date on each other's services. On going issues include access to education, affordable housing, employment, mental health services and staff training. Community agencies are invited to the R/HY Providers meetings for additional training and to introduce new services and /or resolve access issues/concerns.

The R/HY Programs are designed to work within the existing comprehensive youth services system. Every youth who receives services from a R/HY program is assessed individually and each youth's needs are met by accessing and advocating for that particular youth among the broader youth services community. Each youth brings with her/him a set of circumstances that present a unique demand for services. For some youth that may mean the case manager contacting the Department of Human Services Child Protective Services; accessing alcohol and substance abuse services; contacting the youth advocacy program for an educational guardianship affidavit; or connecting

the youth with mental health services or family counseling. In order for the programs to be successful at meeting youth needs, each program has to have connections with multiple services including DHS, schools, employment services, health providers, drug and alcohol treatment providers, law enforcement and other R/HY programs. As a result of the runaway services history in Monroe County, many of these relationships are long standing. All three agencies have formal linkages with the Rochester City School District through Chapter 1 funds, Monroe County Department of Human Services and health care providers. In order to address ongoing communication and access concerns for this population the R/HY Coordinator & the R/HY Providers are standing members on several cross system committees. These committees include Monroe Council on Teen Potential (MCTP), Homeless Services Network (HSN) and Youth Services Quality Council.

* This appendix is only required if the county receives RHYA funding.

APPENDIX C

LIST OF DATA SOURCES USED IN NEEDS ASSESSMENT

INSTRUCTIONS: The list below contains known common sources of data often used in county planning. Please check all that your county has used in the needs assessment performed for this plan. This list is not all inclusive, if you have other sources of data please indicated those as well.

<u>SOURCE</u>	<u>CHECK ALL USED</u>
1. NYS Touchstones Kids Count Data Book	<input checked="" type="checkbox"/>
2. Monitoring and Analysis Profiles	<input checked="" type="checkbox"/>
3. Child Care Review Service	<input checked="" type="checkbox"/>
4. US Census Data	<input checked="" type="checkbox"/>
5. OCFS Data Warehouse Reports & MAPS	<input checked="" type="checkbox"/>
6. Child Trends Data Bank	<input checked="" type="checkbox"/>
7. Prevention Risk Indicator/Services Monitoring System- PRISMS (OASAS)	<input checked="" type="checkbox"/>
8. NYS Department of Health (such as Vital Statistics)	<input checked="" type="checkbox"/>
9. Surveys	<input checked="" type="checkbox"/>
a. Communities That Care Survey	<input type="checkbox"/>
b. Search Institute Survey	<input type="checkbox"/>
c. TAP Survey	<input type="checkbox"/>
d. United Way (Compass Survey or other)	<input checked="" type="checkbox"/>
e. 2007 Monroe County Youth Risk Behavior Survey (Monroe County Department of Public Health)	<input checked="" type="checkbox"/>
f. 2007 RCSD Youth Risk Behavior Survey (Monroe County Department of Public Health)	<input checked="" type="checkbox"/>
10. Monroe County Office of Probation	<input checked="" type="checkbox"/>
11. Vera Institute of Justice	<input checked="" type="checkbox"/>
12. Annual Reports	
a. 2007 Preventive Services Annual Report	<input checked="" type="checkbox"/>
b. Adult Protective 2006 Annual Report	<input checked="" type="checkbox"/>
c. FACT Year 1 Report	<input checked="" type="checkbox"/>
e. 2007 Office for the Aging Annual Report	<input checked="" type="checkbox"/>
12. Other Data Sources including archival data (please specify):	
a. Bureau of Labor Statistics	<input checked="" type="checkbox"/>
b. MCDHHS Housing/Homeless Services 2006 Report	<input checked="" type="checkbox"/>
c. Children's Defense Fund (data on child poverty)	<input checked="" type="checkbox"/>
d. 2007 Monroe County DHS Budget	<input checked="" type="checkbox"/>
e. Rochester-Monroe County Youth Bureau	<input checked="" type="checkbox"/>
f. Monroe County Office of Mental Health	<input checked="" type="checkbox"/>
g. Monroe County Department of Public Health, Vital Statistics	<input checked="" type="checkbox"/>
h. Monroe County Office for the Aging	<input checked="" type="checkbox"/>
i. <i>PINS: Summary of Program Outcomes and Program Plan for January 1, 2004 to December 31, 2004</i> , DHHS	<input checked="" type="checkbox"/>
j. <i>Close-Up on the NYS Economy</i> , Center for Governmental Research	<input checked="" type="checkbox"/>
k. <i>Benchmarking Regional Rochester</i> , Common Good Planning Center	<input checked="" type="checkbox"/>
l. <i>Measuring Sprawl and Its Impact</i> , Smart Growth America	<input checked="" type="checkbox"/>

m. <i>Report to the Monroe County Legislature</i> , Blue Ribbon Commission on Monroe County Finances	<input checked="" type="checkbox"/>
n. <i>Upstate NY's Population Plateau</i> , Brookings Institution 8/03	<input checked="" type="checkbox"/>
o. Catholic Family Center, Refugee Resettlement program data	<input checked="" type="checkbox"/>
p. <i>New York, the State of Learning: Statewide Profile of the Educational System</i> , NY State Department of Education	<input checked="" type="checkbox"/>
q. <i>Out of Reach</i> , National Low Income Housing Coalition	<input checked="" type="checkbox"/>
r. NYS Division of Criminal Justice Services, 1992 and 1995 reports on Disproportionate Minority Confinement	<input checked="" type="checkbox"/>
s. National Low Income Housing Coalition <i>Out Of Reach 2004</i>	<input checked="" type="checkbox"/>
t. National Association of Home Builders, Housing Opportunity Index 2001	<input checked="" type="checkbox"/>
u. Monroe County DHS	<input checked="" type="checkbox"/>
v. Monroe County Department of Probation-Community Corrections	<input checked="" type="checkbox"/>
w. <i>Children Who Witness Domestic Violence: A Study in Rochester, NY</i> , University of Rochester Department of Political Science	<input checked="" type="checkbox"/>

APPENDIX D

Relationship between County Outcomes and Title IV-B Federal Goals

Directions: Please list each county outcome that supports or relates to achievement of the below identified Federal goals. If the information is included in the narrative, the Appendix does not have to be included.

Title IV-B of the Social Security Act Subpart I
Goal 1: Families, including nuclear, extended and adoptive families will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their heritage; and in planning for their children's future.
Core Priority # 2
Outcomes 1, 3, 5, 8
Goal 2: Children who are removed from their birth families will be afforded stability, continuity and an environment that supports all aspects of their development.
Core Priority # 1, # 2
Outcomes 1, 2, 3, 5, 8
Goal 3: Victims of family violence, both child and adult, will be afforded the safety and support necessary to achieve self-sufficiency (adult), and/or to promote their continued growth and development (child).
Core Priority #1, 2
Outcomes 1, 2, 3, 4, 5, 8
Goal 4: Adolescents in foster care and pregnant, parenting and at-risk teens in receipt of public assistance will develop the social, educational and vocational skills necessary for self-sufficiency.
Core Priority #1, #2
Outcomes 3, 4, 5, 6, 8
Goal 5: Native American families, including nuclear, extended and adoptive families will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their tribal heritage; and in planning for their children's future.
Core Priority #2
Outcome 3, 4, 5

APPENDIX F
TECHNICAL ASSISTANCE NEEDS

Monroe County requests technical assistance on integrating multiple funding streams for high need/high cost individuals and families. Additional technical assistance is requested in developing a results oriented contract management system.

APPENDIX G OUTCOMES & STRATEGIES

OUTCOME 1: Individuals and families are safe

Strategy to achieve desired outcome: The implementation of the Nurse Family Partnership (NFP) program, Community Health Worker Program (PHVP) and other preventive collaborative initiatives (Building Healthy Children) are designed to prevent the incidence of child abuse.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development, Family Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1 and 4	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: MCDHS, Mt. Hope Family Center, Strong Memorial Hospital, Society for the Protection and Care of Children, Children's Institute, MC Department of Public Health			
Strategies Completed as of October 14, 2008: <u>For NFP:</u> <ul style="list-style-type: none"> Hired 12 nurses Enrolled 210 families as of 6/1/08 130 births Outcome information on subsequent child abuse and neglect referrals is not yet available as program recently started, Nationally, NFP has demonstrated a 48% reduction in child abuse and neglect <u>For PHVP:</u> <ul style="list-style-type: none"> 1/1/08-3/31/08 212 families referred and 100% of the children avoided foster care 98.6% (209) families did not have substantiated CPS reports. 3 CPS referrals were made for families considered high risk and involved with multiple agencies Waiting list of about 30 per month <u>Building Healthy Children:</u> <ul style="list-style-type: none"> Negotiated roles/responsibilities among the collaborative partners that builds upon each partners expertise and resources 106 participants have been enrolled as of 6/1/08 including 44 in an assessment and referral group and 62 in an intensive treatment group. 			
Strategies to complete October 15, 2008- December 2009: <u>For NFP:</u> <ul style="list-style-type: none"> Work with National NFP to track data and ensure fidelity to the NFP model Report data/outcomes/results to the community <u>For PHVP:</u> <ul style="list-style-type: none"> Review appropriateness of referrals to the program and identify gaps in services/resources in the community for those referrals not appropriate for PHVP or NFP. <u>Building Healthy Children:</u> <ul style="list-style-type: none"> By April 2009 (end of year 2), serve 100 families in the assessment and referral group and 100 families in the intensive treatment group 			
Contact(s): Sue Peer, Administrator, MC Dept of Public Health; NFP: Pam Scott, MC Dept of Public Health; RHVP: Pat White, MC Dept of Public Health; Building Healthy Children: Jody Todd Manly PhD, Mt. Hope Family Center			

Strategy to achieve desired outcome: Increase the number of family type home placements for APS clients.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: 1 and 2
Lead Partnerships: Monroe County DHS- Adult Protective Services, MCDHS Financial Care Path; OCFS			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> • Certified two new family type homes (Total is 2 certified family type homes in Monroe County as of 7/31/08) • Sr. Caseworker assigned to take lead on development of family type homes and act as APS clearinghouse re inquires about family type homes • APS staff worked to ensure regulatory compliance for all family type homes by conducting site visits and monitoring for compliance 			
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> • Research effective models/programs that provide "family type housing" for APS clients or other alternative housing models that meet the needs of APS clients and offer housing stability and affordability • Research grant funds or collaborative opportunities for alternative funding to support development of alternative housing options for APS clients • Establish ties to existing community processed and committees that are addressing housing issues and advocate that the needs of the APS client population be included 			
Contact(s): Wendy Bolton, Administrator, MCDHS Child and Family Services Division			
Strategy to achieve desired outcome: Continue to support a multi-disciplinary approach for community collaborators on adult protective services issues/cases.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: 1 and 2
Lead Partnerships: MCDHS Adult Protective Services; Mon Co Legal Department, OFA, OCFS			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> • Continue to staff the High Risk Committee to conference at-risk adults in a cross discipline form to identify the more appropriate case plan • Meet monthly with County Legal re clients specific issues/cases • Participate in the Long Term Care Committee • APS Supervisors gave presentations to community groups and groups of providers on APS issues and the services that APS can provide • Continue to work with area utility companies to identify potential disconnects for elderly or impaired individuals and provide follow-up or referral for case management, if necessary. • Continue to work with area utility companies on services disconnects to the elderly and impaired individuals 			
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> • Identify and establish ties to existing community processes and committees that touch on or address issues that APS clients confront. These groups include Domestic Violence Consortium, SPOA, • Participate in the Continuum of Care for the Homeless • APS staff will be available to give presentations to organizations upon request • Continue to work with area utility companies to identify potential disconnects for elderly or impaired individuals and provide follow-up or referral for case management, as necessary. 			

- Look at data on utility disconnect notices/cases involving the elderly or impaired adults to identify individuals with frequent notices of disconnects. Work with MCDHS Financial Care Path, HEAP, OFA and Lifespan to identify and address underlying problems to reduce the likelihood of continuing disconnect threats/notices.
- Participate in OFA's Elder Council

Contact(s): Wendy Bolton, Administrator, MCDHS Child and Family Services Division

Outcome 2: Abused, Neglected or Exploited adults will be identified.

Strategy to achieve desired outcome:

Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with the most appropriate services.

PRIORITY FOCUS AREA ADDRESSED: Family Development, Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1, 3	ADULT PROTECTIVE GOAL ADDRESSED: N/A
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Lead Partnerships:

Monroe County Adult Protective Service, OFA, Catholic Family Center, NY CONNECTS, Lifespan, Elder Source

Strategies Completed as of October 14, 2008:

- Realigned staff within APS teams to create two points of intake to facilitate more timely assessment and response to high risk situations and vulnerable adults
- APS supervisors met with community groups to educate them on APS and other community resources available to vulnerable adults
- Provided testimony at NYS Legislature hearing on adult protective issues and needs of vulnerable adults
- Effective June 2008, APS is located with CPSI teams at St. Paul St. offices to enable cross discipline coordination
- APS supervisors and seniors attend Child and Family Services Division staff meetings
- APS implemented a protocol for reviewing the death of any APS client. If need for further investigation is identified a fatality review board will be convened
- Reviewed open cases to determine appropriateness of case for APS services and client's continuing needs. Cases determined to be more appropriate for a community based service were referred. This case "clean up" resulted in over a 30% reduction of open cases with APS and brings caseloads to manageable levels.

Strategies to complete October 15, 2008- December 2009:

- Track guardianship cases referred to CFC to ensure fiscal accountability and consumer satisfaction
- APS supervisors and administrator will periodically review open cases to ensure that appropriateness and need for continued APS services.
- APS will look for opportunities to provide in service training on existing or developing community resources.

Contact(s): Wendy Bolton, Administrator, MCDHS Child and Family Services Division

Outcome 3: Individuals and families experience permanency in their living situations

Strategy to achieve desired outcome:

Continue to support children and families in innovative ways to reduce out of home placement, current initiatives include Youth & Family Partnership and support of MST and FFT.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development, Family Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1, 3, 4	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Monroe County Department of Human Services, Monroe County Office of Probation-Community Corrections, CCSI, Inc., MCDHS-Office of Mental Health, Juvenile Justice Council, Cayuga Home for Children			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Implemented a new design of the Youth and Family partnership program which separates out the Probation function from the care coordination function to enhance effective care coordination. Implemented a new team leadership design to include YFP supervisor, DHS senior caseworker, YFP senior care coordinator and part-time Probation supervisor. Continued coaching/mentoring support to increase the effectiveness of care coordination. Continued use of MST and FFT for pre and post adjudicated PINS cases to prevent petitions and out of home placements for high risk youth. 			
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> Continue coaching/mentoring support to increase the effectiveness of care coordination Increase use of CareManager tools to monitor functioning of care coordinators and increase effectiveness of the model Continue to use MST and FFT for pre and post adjudicated PINS cases to prevent petitions and out of home placements for high risk youth 			
Contact(s): Linda Oinen, Administrator, MCDHS Child and Family Services Division			
Strategy to achieve desired outcome: Continue to focus efforts on increasing the number of foster and adoptive family homes, which could increase quality of foster care, increase adoptions and improve permanency.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development, Family Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1,2,3,4,5	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Monroe County Department of Human Services; Metrix Marketing; Hillside Children's Center; CAP			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Contract w/ Metrix Marketing to maintain the foster parent recruitment/information kiosk. The kiosk is moved monthly to various sites in Monroe County. Metrix Marketing updated the foster parent recruitment PowerPoint presentation and included this in the kiosk Metrix Marketing developed and arranges for the display of the Highway Banner re foster parent recruitment Hold twice monthly information sessions for individuals interested in learning more about becoming a foster parent. MCDHS sponsors one and Metrix Marketing sponsors the other. Sessions are held at various sites throughout the county. Developed new recruitment campaign for foster parents for teens. Campaign includes a new brochure and PSA spots. Information is also available in kiosk. Continue PSAs targeted to prospective foster parents 			

- Metrix Marketing in consultation with MCDHS, is increasing outreach efforts to recruit foster parents by targeting area businesses, churches and post-secondary educational institutions via presentations and displays.
- Begun to collect data on reasons foster homes close to be used to tailor/refine foster home "retention efforts"
- Distribute a foster parent newsletter quarterly
- Hold two (2) foster parent recognition/appreciation events annually. In 2007, that included a dinner and zoo event.
- Formed several foster parent support groups
- Formed a Foster Parent Advisory Board. Foster Parent Advisory Board sponsored a foster parent and teen career night.
- National Adoption Day activities including finalization of 17 adoptions (2008)
- Displayed pictures of freed children in the Heart Gallery (11/07)
- Developed display boards with pictures of freed children in need of adoptive homes. Display boards are taken to foster care recruitment meetings and other events to assist in locating adoptive families.
- Worked with CAP and Hillside Children's Center through their Wendy's Wonderful Kids grant to do child specific recruitment of adoptive homes. Several youth have been matched to adoptive homes via this collaboration.
- Providing additional training for foster parents including trauma, behavioral management, crisis intervention, and Lifebooks and the role they play with foster children.

Strategies to complete October 15, 2008- December 2009:

- Metrix Marketing in consultation with MCDHS will increase outreach efforts to recruit foster parents by further targeting area businesses, churches, community groups and post-secondary educational institutions
- Continue contract w/ Metrix Marketing to maintain the foster parent recruitment/information kiosk. Utilize the kiosk in outreach efforts to new target audiences.
- Continue PSAs targeted to prospective foster parents
- Analyze data on reasons foster homes close. Develop/refine "retention efforts" strategies to address reasons foster homes are closing. Track the impact these strategies have on reducing closings.
- Distribute a foster parent newsletter quarterly
- Continue to work with CAP and Hillside Children's Center through their Wendy's Wonderful Kids Grant staff to identify and recruit child specific recruitment of adoptive homes.
- Hold two (2) foster parent recognition/appreciation events annually
- Implement a Monroe County Foster Care Website that will include message board for foster parents to communicate with each other, recruitment information, foster parent forms, electronic newsletter, pictures gallery of children freed for adoption, Lifebook pages, news to use, training information, etc... (Target date 1/09)
- Providing additional training for foster parents. Work with the Foster Parent Advisory Board to identify issue/topics for future training and support. Survey foster parents to identify what they would like further training on.
- Provide support to the Foster Parent Advisory Board.
- Provide staff assistance (as requested) to the foster parent support group
- Work with Monroe County Family Court, CAP, Hillside Children's Center and Foster parent Advisory Board to plan events for National Adoption Day (2009)

Contact(s): Sue Johnson, Administrator, MCDHS Child & Family Services Division

Strategy to achieve desired outcome:

Increase access to stable living for Runaway and Homeless Youth

PRIORITY FOCUS AREA	NATIONAL STANDARD	TITLE IV-B FEDERAL	ADULT PROTECTIVE GOAL ADDRESSED: N/A
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ADDRESSED: Youth Development, Family Development, Community Development	ADDRESSED: N/A	GOAL ADDRESSED: 3,4	
Lead Partnerships: Rochester Monroe County Youth Bureau, Runaway/Homeless Youth Providers, Street Outreach Programs, Rochester City School District, Homeless Services Network Providers			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Continued to increase community awareness and communication of the existing community based services and advocate for runaway/homeless youth Continued to enhance existing services of providers (technical assistance, access to training resources, shared resources across agency providers) Documented gaps in services on an ongoing basis and address the gaps as a community through the Continuum of Care of the Homeless In September '07 both Hillside AIY and Genesis House applied for Federal Health and Human Services Runaway/Homeless Youth TLP and SOP funds to maintain R-HY program services. Hillside was not awarded either SOP or TLP. The center did not receive their Street Outreach continuation, they did receive TLP funds 			
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> Continue to maintain existing funding for runaway/homeless youth Work with SA Genesis House to maintain existing shelter and case management services through technical assistance and advocacy efforts Assess and plan for difficult to serve older runaway/homeless youth transitional housing needs Work with Rochester City School District and other school districts to obtain and maintain McKinney Homeless Education funds 			
Contact(s): Joan Bickweat, Runaway/Homeless Youth Coordinator, Rochester Monroe County Youth Bureau			
Strategies to achieve desired outcome: Maintain a system of diversion alternatives from pre-filing to post adjudication for PINS and JD youth that reduces the reliance on placement			
PRIORITY FOCUS AREA ADDRESSED: Youth Development, Family Development, Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 4	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Monroe County Department of Human Services- Child & Family Services Division, Monroe County Office of Probation-Community Corrections, Monroe County Department of Human Services-Office of Mental Health, Monroe County Family Court, CCSI, Inc., Juvenile Justice Council, Vera Institute, Hillside Children's Center, Rochester Institute of Technology			
Strategies Completed as of October 14, 2008: Implemented FACT(Family Access and Connection Team) (1/1/07) <ul style="list-style-type: none"> Implemented a redesign of the local PINS system including: establishing FACT as the front door for parents/guardians/schools concerned with PINS behavior; Medical Motors began providing transportation per Transportation RFP as of 6/07; Berkshire Farms began to provide PINS respite services as of 2/07 in response to RFP; Family Education Seminar started 6/07; front-end response to missing/runaway children by having Probation Officers look for the youth prior to a petition being filed; and established protocol for school truancy referrals; developed and implemented a Girls Group to support young women coming in as PINS and address issues around self-esteem Co-located SPOA and FACT as a first phase of institutionalizing a single point of entry Track data & prepare monthly/quarterly reports to FIT (FACT Implementation Team), Leadership Team, and Juvenile Justice Council 			

- 1st Year End Report completed (6/08)
- Community information sessions held (4/07).
- Meetings held with schools, judges, community agencies, parents groups, etc. (Ongoing)
- Developed policy/protocol on when cases should be referred from FACT to Probation/s Juvenile Intake Unit for intensive diversion services.
- Alternative Program review committee continues to meet twice weekly to review all PINS and JD youth where placement is being considered
- Secured a TA grant from OCFS to work with Vera Institute of Justice to develop alternatives to detention which will reduce placement numbers
- Secured OCFS targeted TANF funds for alternatives to detention for PINS youth for 2007/2008.
- Applied for 2008-2009 TANF funds for alternatives to detention for PINS and JD youth.
- Developed a 8 ½ x 11 sheet of Pre and Post Adjudication Alternatives available to Family Court Judges rather than detaining/incarcerating a youth (2007)

Strategies to complete October 15, 2008- December 2009:

- Begin implementation of the Alternatives to Detention continuum that comes from the Vera/OCFS TA project
- Develop more evidenced based programs as an alternative to detention and placement
- APR (Alternative Program Committee) will continue to meet weekly to review any/all PINS youth where placement is being proposed a part of PDI or Supplemental Report to the court.
- Develop more evidence based programs as an alternative to placement
- Develop and pilot a Truancy Prevention/Intervention program (2009)
- Reduce the number of truancy complaints resulting in petition.
- Develop strategies to address local "placement culture" (2009)
- DHS to pilot care coordination policy and practice with the Residential Placement Unit caseworkers to reduce LOS
- Establish an evaluation model to gather and use data to inform decisions about viability/continuation of the existing diversion programs utilizing GTO model.
- 2009 contracts for diversion programs (current) will utilize GTO
- Identify gaps in existing array of diversion services based on outcomes from FACT evaluation and annual report(s). (2009)
- Continue to meet with schools, judges, community agencies, parents groups, etc. to explain the new PIN system, discuss questions, hear concerns and strengthen the ongoing working relationship between FACT & MCDOP's Juvenile Intake and key stakeholders in the community.
- Implement alternatives to detention services based upon money received from OCFS/TANF grant for 2008-2009 contract period.
- CCSI, Inc. to complete the evaluation of FACT (12/08 target)

Contact(s): Linda Oinen, Administrator, MCDHS Child and Family Services Division

Strategy to achieve desired outcome:

Increase casework contacts between children in foster care and their caseworker to meet federal and state requirements by October 1, 2011

PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 1, 2, 3, 4	ADULT PROTECTIVE GOAL ADDRESSED: N/A
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Lead Partnerships:
MCDHS- Child & Family Services Division; OCFS Monroe Regional Office

Strategies Completed as of October 14, 2008:

- Child & Family Services Director and Administrators established casework contact expectations and supervisors expectations
- Developed a Supervisors Expectation Training (including PowerPoint presentation) and an accompanying manual to reinforce standards established and provide supervisors with tools and guidelines to assist them in implementing the supervisors expectations with casework staff

<ul style="list-style-type: none"> • Hired and trained additional casework staff • Added additional CPSM and CPSI teams that aligned supervisor: staff ratios consistent with new expectations • Provided training to staff on correctly coding casework contacts • Established a training team to assist teams when they are down casework staff to ensure that case contacts are being made consistent with the established expectations • Begun to work on identify benchmarks for measuring and reporting casework contacts
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> • By 12/08, caseload for caseworkers will average 7 families per worker • Finalize benchmarks and create benchmarking tools for Supervisors and Administrators • Develop a checklist/casework grid for Supervisors to use to cover/address casework elements during individual caseworker supervision • Starting 10/08, Supervisors will review cases per Supervisory Benchmarks Checklist to ensure that (1) 100% of the children in foster care will have at least one monthly face-to-face contact with their caseworker and (2) 100% of parents, caretakers, and foster parents will have at least one monthly face-to-face contact with their caseworker. • Casework staff will strengthen their use of Connections by consistently (1) using codes for tracking face-to-face contacts with children and parents, and (2) entering progress notes that record all meaningful casework contacts. • DHS Child & Family Services Administration will review Connections reports and statistics to ensure that Connections entries by staff are timely, complete and accurately reflect the substance of the casework contacts • Casework staff and Supervisors will be afforded on-going in-service training to assist them in better utilizing Connections system and enhancing casework skills
Contact(s): Sue McLean, Administrator, MCDHS Child and Family Services Division

Outcome 4: Adults, older adults and families are self sufficient as dictated by age

Strategy to achieve desired outcome: Maintain access to financial management services and health information to enable consumers to remain stable			
PRIORITY FOCUS AREA ADDRESSED: Community Development, Individual Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: OFA, APS, CFC, Lifespan, Elder Source, NY CONNECTS			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> • Monitoring of the subcontracting agency/CFC is being employed to ensure that contract goals are met. Approximately 190 individuals are served via contract with CFC for financial management services/assistance. • Contract expectations for clients receiving financial management services include household/individual budget, support/assistance in paying bills, identify if alternative income sources are needed/are possible (SSI) and make application, etc. • Continued assessment of financial management cases by APS and CFC to evaluate the client's continued need for financial management and case management services. If the client is ready to "move on", APS identifies appropriate community agency/program that is more appropriate to meet the clients needs and will facilitate the linkage to the new provider/community partner. 			

<ul style="list-style-type: none"> The number of seniors receiving health information assistance continues to grow through community outreach. HIICAP has a presence at festivals and fairs, in the Internet, and through the print media.
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> Re-assess program with CFC. Jointly develop contract outcomes and expectations per the county's new Contract HQ for 2009 contract. Continue to provide assistance Look for opportunities to expand the rep-payee resources and financial support for APS clients APS will look at re-engaging with PRN (provider Resource Network) to assist in linking clients to appropriate resources and maximizing the use of community programs.
Contact(s): Wendy Bolton, Administrator, MCDHS Child and Family Services Division

Outcome 5: Individuals and families access need support to obtain optimal development

Strategy to achieve desired outcome: Continue commitment to strengthening the Community Asset Partnership Network and expanding the voice of the Asset Approach through grant seeking and refinement of local Asset initiatives.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development, Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Rochester Monroe County Youth Bureau, Monroe County Department of Public Health, Community Asset Partnership Network, Youth Service Quality Council			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Continued community wide asset building media campaign through positive youth development is being developed using social marketing strategies to influence positive community involvement in the lives of children and youth to build assets and increase asset building behaviors of community residents Continued to provide asset building recognition opportunities for individuals, groups, and communities to nurture and support they efforts Ongoing distribution of Healthy Communities/Healthy Youth, strength-based, positive youth development, research and updates of "Link and Learn" throughout the county and New York Facilitated ongoing monthly networking opportunities for Monroe County community's initiatives Continued to provide ongoing support and technical assistance to local initiatives The 8th Family Celebration of Assets was held on 10/6/07 at the Seneca Park Zoo and 270 individual Community Asset Builders and 34 community groups were recognized. 501 individuals attended this event Search Institute held their national conference in Rochester. 2000 were in attendance. The local CAPN led 16 workshops, 11 local youth emceed the event, CAPN members were involved in the program committee, development of all scripts and fund development. Over 100 individuals received scholarship to the conference as a result of our fundraising and sponsorship. Supported continuation of ACT for Youth local community grant. Youth Asset event planned and implemented 5/6/08. Youth from Monroe County participated in a youth asset leadership "FUN" event at Total Sports Experience. 175 individuals in attendance 			
Strategies to complete October 15, 2008 - December 2009:			

<ul style="list-style-type: none"> Continue to increase partnerships to incorporate asset building language throughout the community; e.g. Monroe County Department of Human Services Early Childhood efforts, after school efforts, libraries, PAC-TAC teams, and business community Explore asset based community development (ABCD) approach to increase natural supports for youth and families Family Celebration of Assets scheduled for 10/4/08 Presentation of Community Asset Partner Network/Monroe County Asset Initiative at the 2008 National Search Conference Oversight of Act for Youth grant and increased city focus on asset building strategies Partner jointly with NYS ACT Center for Excellence on ACT grant and asset building strategies for communities 			
Contact(s): Bob Zinck, Director, RMCYB; Joan Bickweat, R/HYC, RMCYB; Chris Dandino, RMCYB			
Strategy to achieve desired outcome: Increase the number of Youth Development Organizations with "like programs" sharing a common core of youth development outcomes and measurement tools.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: MCDHS, Rochester Monroe County Youth Bureau, United Way of Greater Rochester, Youth Services Quality Council, Children's Institute, University of Rochester			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> RMCYB continues to participate in the Steering Committee of the local pilot of the Youth Program Quality Assessment (YPQA) Tool developed by High Scope introduced by OCFS. Year 2 of local pilot administered through the Children's Institute used with 45 after-school programs grades 4-6. 			
Strategies to complete October 15, 2008 - December 2009: <ul style="list-style-type: none"> Continue to explore potential funding sources to strengthen the READY tool subscale and pilot with providers Continue to participate in YPQA steering team and analyze local results and implications for program improvements for Year 3 of the pilot. Explore/consult with University of Rochester Dr. Sherri Lauver and Children's Institute Dr. Dirk Hightower on thriving indicators, tools for measurement, and research data that supports use of social-emotional indicators 			
Contact(s): Chris Dandino, Coordinator of Youth Projects, RMCYB; YSQC Executive Committee, Elizabeth Ramsey, United Way of Greater Rochester; Dr. John Klein, Strong Adolescent Medicine; Dirk Hightower, Children's Institute; Dr. Sherri Lauver, University of Rochester			
Strategy to achieve desired outcome: Increase the number of research based effective models, strategies, or services implemented by youth development contract agencies and building the larger youth service system capacity			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: RMCYB, MCDHS, MCDPH, University of Rochester, United Way of Greater Rochester, Rochester City School District			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Continued to monitor implementation of Bry Achievement Mentoring Model with three community based agencies and the Rochester City School District including fidelity to model, data collection, and results Provided full day seminar on Social and Emotional Learning (SEL) and presented evidence/research based programs that support SEL 			

<ul style="list-style-type: none"> Enhanced RMCYB website with a "Linking Research to Practice" section including links to other sites that can be helpful City of Rochester, Bureau of Youth Services, provided support for parenting trainers in implementation of Effective Black Parenting curriculum 			
Strategies to complete October 15, 2008 - December 2009: <ul style="list-style-type: none"> Continue to assess and support with youth and family serving agencies and schools the possibility of implementing more research based programs and evidence based practice Continue to support after school programs interested in pursuing NAA Accreditation Participate in the local United Way's effort to develop Theories of Change that guide investments and influence impact in youth development initiatives and services. Continue to monitor implementation of Bry Achievement Mentoring Model with three community based agencies and the Rochester City School District including fidelity to model, data collection, and results and provide TA for utilizing data for continuous improvement. 			
Contact(s): Chris Dandino, Coordinator of Youth Projects, RMCYB; MCDHS; Jody Todd Manly, Clinical Director, Mt. Hope Family Center; Carolyn Merenda, Community Foundation; Jackie Campbell, City of Rochester Bureau of Youth Services; Stephanie Fitzgerald, United Way of Greater Rochester			
Strategy to achieve desired outcome: Children's Center (Secure Detention) will enhance its physical and programmatic design to ensure the safety of youth in care and that is based on recent research and juvenile justice best practices.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 2	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Monroe County's Children's center Administration; Monroe County Sheriff's Department; Monroe County Executive Office; Monroe County Department of Human Services; Presentment Agency; Law Guardian's; Monroe County Office of Probation - Community Corrections; Monroe County Engineering Department; Monroe County Finance Department; Juvenile Justice Council			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Children's Center has formulated a scaled down renovation plan that will maintain the structure in anticipation of the construction of a new facility. The revised renovation plan addresses specific security and safety concerns including the addition of camera, suicide restraint bunks, and a secure "sallyport". The plan replaces staff radios, sleeping room doors and certain kitchen equipment. Also included are the repair of certain flooring and the painting of the sleeping rooms. OCFS has approved the County moving forward to secure consultants for the planning of a new facility. County has secured consultants to work on the design for a new facility The Juvenile Justice Initiative program components (workforce development, Tutoring, Arts Program) were implement in 2006 and ran through 2008. Program components met with varying degrees of success. The essential functions of each of the grant's components will continue within the facility to varying degree. 			
Strategies to complete October 15, 2008 - December 2009: <ul style="list-style-type: none"> Work on the renovation of the current facility (based on the approved revised plan) will begin Summer 2008. Anticipated completion 1/09. Consultants will begin to develop designs for a new facility. (Target completion 10/08) Review and approval of the facility design (Target date: 2/09) Securing land/site for the facility (Target date: 5/09) Facility construction (Target completion 1/10) Continue key components of the JJ Initiative. Workforce Development is continuing as a facility operating component. Tutoring has been replaces by the addition of educational resources to the regular school program. 			
Contact(s): Mike Marinan, Director, Monroe County Children's Center			

Strategy to achieve desired outcome: Stabilize funding of and responsibility for the provision of the education program/services within the Children's Center.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 2	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Monroe County's Children's center Administration; Monroe County Executive Office; Monroe County Department of Human Services; Monroe County Finance Department; Monroe County school Boards Association; RCSD; OCFS Regional Office			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> The Children's Center has collaborated with RCSD, and other local educational resource providers to significantly enhance the education program at the facility. Added additional staffing resources to support the education programs/services have been added: developed the concept for and filled an Education Coordinator position; added a half time special education teacher and provide support teachers in the classrooms through contract with the Encompass Program. Encompass program is identifying and tracking individual youth's achievement, completing assessments and provided remediation assistance as needed. Mental Health Screens are being completed on all youth entering the facility to identify/determine if there are undiagnosed issues contributing to educational concerns/challenges. This information is shared with the Education Coordinator to assist in tailoring the educational program and support services for the individual youth 			
Strategies to complete October 15, 2008 - December 2009: <ul style="list-style-type: none"> Continue to work with RCSD representatives to ensure that the educational services provided at the facility are meeting the youth's needs and that they are "catching up" to enable them to return to their home school upon release to the community Continue to provide Workforce Development activities to supplement the educational programming Review aggregate data coming from mental health screens to identify developing trends or common themes/challenges and identify a plan to address them Include RCSD and Encompass staff in design of new facility to ensure sufficient/appropriate educational space 			
Contact(s): Mike Marinan, Director, Monroe County Children's Center			
Strategy to achieve desired outcome: Implement a Transition Manager program at the Monroe County Detention Center to focus on youth likely to recidivate or move on to OCFS placement and increase intra and interdepartmental coordination to support high risk youth in Detention.			
PRIORITY FOCUS AREA ADDRESSED: Youth Development, Family Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: 4	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: Monroe County Department of Human Services, Monroe County Office of Probation/Community Corrections, CCSI, Inc., MCDHS-Office of Mental Health, Juvenile Justice Council, NYS OCFS			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> Worked with Monroe County Department of Human Services - Office of Mental Health to secure funds for the Transition Case Manager position. The Transition Case Manager position is a position hired through a local mental health provider. It is not required that youth have mental health 			

<p>diagnosis/concerns although those with mental health issues are given a higher priority.</p> <ul style="list-style-type: none"> Transition Case Manager was hired as of 1/1/08 to increase the rate of successful community reintegration for children discharged from the facility. Caseload for the Transition Case manger is 7 youth at any time
<p>Strategies to complete October 15, 2008 - December 2009:</p> <ul style="list-style-type: none"> Prepare a year end report looking at the impact the Transition Manger position has made to youth's reintegration. (1/09) The first year results will be shared with MCDHS-OMH, MCDHS Administration and JJ Council. (2/09 – 3/09) Look for opportunities to stabilize/secure on-going funding for the position and expansion of this resource.
<p>Contact(s): Mike Marinan, Director, Children's Center</p>

Outcome 6: DHS operates at a maximum level of fiscal responsibility

<p>Strategy to achieve desired outcome: In cooperation with the county Purchasing Office implement a new performance measurement initiative for all contracts (5 year timeline).</p>			
<p>PRIORITY FOCUS AREA ADDRESSED: Community Development</p>	<p>NATIONAL STANDARD ADDRESSED: N/A</p>	<p>TITLE IV-B FEDERAL GOAL ADDRESSED: N/A</p>	<p>ADULT PROTECTIVE GOAL ADDRESSED: N/A</p>
<p>Lead Partnerships: MCDHS, Monroe County Purchasing</p>			
<p>Strategies Completed as of October 14, 2008:</p> <ul style="list-style-type: none"> Completed implementation of Contrak HQ, which is now used with 20% of all contracts Dept. of Finance created new contract compliance office Getting to Outcomes (GTO) implemented within Preventive Services 2008 contracts and training was completed with all preventive service partners Preventive Services contracts and 2008 annual application outline were modified to reflect GTO steps DHS departments and units began training in new Contrak HQ system Vendors chosen for pilot of Contrak HQ trained in online system Youth Bureau staff attended GTO workshops 			
<p>Strategies to complete October 15, 2008- December 2009:</p> <ul style="list-style-type: none"> Continue training of more DHS staff in new Contrak HQ Identify any implementation issues with the Purchasing Dept. and make improvements Train additional county vendors in on-line Contrak HQ use Enter additional vendor contracts (another 20%) of each DHS department into the new Contrak HQ for 2009 contracts Work jointly with vendors and purchasing to ensure realistic, measurable, and appropriate performance outcomes and aligned performance reporting process between vendors, Purchasing and DHS Departments 			
<p>Contact(s): Robert Franklin, Deputy Commissioner, MCDHS; Cindy Lewis, MCDHS Child and Family Services; Chris Dandino, Rochester-Monroe County Youth Bureau; Kim Deluca, Mon. Co. Purchasing Department; Meagan Brennan, Mon Co. Purchasing Department</p>			

Outcome 7: Employees of the Department will experience a high degree of satisfaction

Strategy to achieve desired outcome:

Identify maximum effective caseloads, utilizing mandated state standards and work management studies and develop strategies to come in line with maximum numbers.

PRIORITY FOCUS AREA ADDRESSED: Youth Development; Family Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
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Lead Partnerships:
MCDHS; OCFS Monroe Regional Office

Strategies Completed as of October 14, 2008:

- Participated in the New York State Workload Measurement Study in 2006 which recommended that NYS reduce its caseloads for CPS, Foster Care, and Preventive Case Planning services.
- Completed an assessment of existing caseloads in Monroe County, an analysis of work that was not getting done, and a fiscal analysis of the impact reduced workloads would have on the quality of casework practice and savings that could be achieved.
- Proposed and received approval for a comprehensive plan, called Project Save, which involved the hiring of additional caseworkers, senior caseworkers, supervisors, and support staff to 1) reduce caseloads to the targeted level, 2) deepen the quality of casework practice, 3) increase safety for children in the community, and 4) achieve savings resulting from decreasing the length of stay in foster care placements.
- Began implementing Project Save through the hiring and training of new caseworkers and the promotion of new senior caseworkers and supervisors for the new teams.

Strategies to complete October 15, 2008- December 2009:

- Fill all remaining positions from Project Save
- Ongoing involvement in Benchmarking for Success, which is a comprehensive effort to assess caseload size, numerous other qualitative measures of our progress, and qualitative assessment of improvements in our practice on a monthly basis going forward.

Contact(s): Cindy Lewis, Director of Child & Family Services, DHS; Sue McLean, Tom Corbett, Sue Johnson, Linda Oinen, Marcia Young, Wendy Bolton & Ken Maurice – DHS Administrators.

Strategy to achieve desired outcome:

Review data obtained through employee satisfaction surveys to identify opportunities to improve employee satisfaction.

PRIORITY FOCUS AREA ADDRESSED: N/A	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
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Lead Partnerships: MCDHS

Strategies Completed as of October 14, 2008:

- Distributed an employee satisfaction survey. Results of the survey have been reviewed by Administration.
- Hold a monthly meeting open to staff from Financial Care Path and Child and Family Services to discuss common issues, new initiatives within divisions, etc. The intent of the meetings is to increase communication and knowledge between the staff in the two divisions.
- Support Staff Development Days expansion to be agency wide.
- Revitalization of the Safety and Security Committee
- Provided forums for staff to talk with the Commissioner and Administration

<ul style="list-style-type: none"> - Commissioner's Office distributes e-mail Safety Alerts/Information to all staff - Established an on-line DHS Forum for staff. The site offers Announcements, Suggestions and a Q & A for Policies and Procedures.
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> - Expand Staff Development Days to twice a year - Continue to provide opportunities for staff to speak directly with the Commissioner and Administration - Increase staff use of DHS Forum
Contact(s): Kelly Reed, Commissioner; Bob Franklin, Deputy Commissioner; Cindy Lewis, Child & Family Services

Outcome 8: Customers of the Department will experience a high degree of satisfaction

Strategy to achieve desired outcome: Establish a Customer Service Hotline to address client concerns effectively and efficiently. Track all client complaints and compliments in a database with regular review by administration and managers.			
PRIORITY FOCUS AREA ADDRESSED: Community Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: MCDHS			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> • Customer service hotline and database were established. • Training to staff assigned to hotline re responding to customers concerns/issues • Developed data base to track hotline calls and complaints and their resolution 			
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none"> • Retooling database to better capture hotline calls and their outcomes • Quarterly reports will be submitted to administration 			
Contact(s): Perry Wheeler, Director of Operations, MCDHS			
Strategy to achieve desired outcome: Increase knowledge of human service providers on appropriate research based/evidence based programming and transition to more effective programs; increase skills of supervisory staff when integrating effective practice; increase competency and skills of those who work with youth and families to lay a foundation for strength based, youth development, and family centered approaches; increase capacity to integrate youth development approaches throughout appropriate organizations			
PRIORITY FOCUS AREA ADDRESSED: Community Development, Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
Lead Partnerships: RMCYB, MCDHS, Rochester Area Community Foundation, Youth Service Quality Council, Capacity Building Project (Best Practice Partnership)			
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none"> • Continued to explore strategies/formats to introduce and share information on evidence based/research based programs shown to be effective in reducing risk and increasing assets/protective factors as well as latest research on youth development practice from the National Research Council 			

- Continued to offer Capacity Building Training in Advancing Youth Development, Youth Development Group Work, and Interactive Approach to Supervision
- Developed curriculum to the Capacity Building Series that focuses on gender issues for consideration in youth programming
- Provided Asset Mapping Training to youth in Sector 8 through the state-federal positive youth development grant
- Provided training to WIA youth service vendors in the development of Youth Employment Portfolios and Youth Development principles and practices

Strategies to complete October 15, 2008 - December 2009:

- Explore additional methods for institutionalizing and integrating a youth development framework and effective learning environments for YD as identified by National Research Council, Institute for Medicine
- Continue to provide community youth development capacity building opportunities to Sector 8 youth and adults as identified
- Continue professional development series through Capacity Building/Best Practices Project
- Continue to promote and build Youth As Resources to model youth voice and youth philanthropy as a means to encourage active youth leadership in program planning, implementation, and evaluation a key component of YD.

Contact(s): Jutta Dottervich, ACT Center for Excellence; Stephanie Fitzgerald, United Way; Jane Amstey, RIT; Dr. Marie Watkins, Associate Professor, Nazareth College; Shirley Sharp, Professor, Nazareth College; Garth Freeman, YAR Coordinator, RMCYB; Rod Jones, Community Place of Greater Rochester-Sector 8 Initiative; John Premo, Youth Workforce Services Coordinator, RochesterWorks!

Strategy to achieve desired outcome:

Increase quality and effectiveness of collaborative efforts in the community where MCDHS is a partner. Increase the coordination of efforts including collaboratives in the community that align with priority focus areas and a common youth development framework.

PRIORITY FOCUS AREA ADDRESSED: Community Development, Family Development, Youth Development	NATIONAL STANDARD ADDRESSED: N/A	TITLE IV-B FEDERAL GOAL ADDRESSED: N/A	ADULT PROTECTIVE GOAL ADDRESSED: N/A
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Lead Partnerships:

RMCYB, MCDHS, United Way of Greater Rochester, Youth Service Quality Council, Rochester City School District, Community Asset Partnership Network, Early Childhood Development Initiative, Council of Agency Executives, Greater Rochester After School Alliance (GRASA), Community-School Partnership Network, RochesterWorks!, Youth Council, NYS Youth Development Team, Association of NYS Youth Bureaus, Juvenile Justice Coordinating Council

Strategies Completed as of October 14, 2008:

- After school providers were brought together through GRASA to support submission of 21st Century proposal and provide TA
- Youth providers convened through the YSQC to learn about the culture of poverty, social and emotional learning, and community initiative to address the impacts of youth violence
- School principals, agency directors, school and agency coordinators of Student and Family Support Centers (SFSCs) developed common best practices for SFSC and visions, missions, values, core operating elements, and protocols via Community-School Partnership Network (CSPN)
- Participated in annual ANYSYBs Youth Forum in Albany to introduce youth to policy areas relating to youth and opportunities to meet with elected officials to share their ideas to ensure and model youth voice opportunities
- Participated as reviewer in the LWIB Youth Council allocations process for year round youth employment programs and summer employment programs
- RMCYB, United Way of Greater Rochester, and the City of Rochester-Bureau of Human Services jointly reviewed applications for OCFS funding for programs funded by each organization
- Continued to coordinated with UW on monitoring and assessment of jointly funded programs, where UW funds act as a match to RMCYB funds
- Continued to collaborate with US Dept of HHS, FYSB, and OCFS and Community Place on federal-state-local PYD collaboration grant
- Met with Tauck Foundation, a private family foundation, to consult on YD needs in the community and their funding interests in the area of YD;

Tauck issued an RFP in the Rochester Community to support YD
Strategies to complete October 15, 2008 - December 2009: <ul style="list-style-type: none"> • Attend relevant meetings, youth services councils and coalitions • Participate actively in the LWIB youth council and share learnings and resources developed through joint OCFS-DOL partnership for youth grant that will be implemented • Participate in annual ANYSYBs Youth Forum in Albany to introduce youth to policy areas relating to youth and opportunities to meet with elected officials to share their ideas to ensure and model youth voice opportunities • Continue to participate in GRASA • Participate in UW Student Readiness and Success Investment Team and coordinate monitoring and assessment of jointly funded programs where the funds act as a match to RMCYB funds • Continue to participate in the Community-School Partnership Network • Continue to collaborate with US Dept of HHS, FYSB, and OCFS and Community Place on federal-state-local PYD collaboration grant • Continue to explore opportunities with private funders and community to support/enhance YD efforts in the community
Contact(s): Bob Zinck, Executive Director, RMCYB; Chris Dandino, RMCYB; Joan Bickweat, RMCYB; Kathy Rivera, RMCYB; Mike Dedee, Special Children Services Team Leader

APPENDIX H

ANNUAL PLAN UPDATE (10/15/08) 2007-2009 PINS DIVERSION SERVICES PLAN and

MEMORANDUM OF UNDERSTANDING (MOU) part of the

STRATEGIC COMPONENT – 2007-2009 CHILD AND FAMILY SERVICES PLAN UPDATE

I. Update of MOU Requirements Regarding LDSS and Probation Cooperative Procedures

a) Current Designated Lead Agency ☒ Probation ☐ LDSS/DHS

b) Inventory of PINS Service Options. *Provide a current inventory of available community services within each category below available for the PINS diversion population. For each service, please identify the geographic area within the county this service covers (i.e., countywide, or specific city(ies) or town(s)).*

Service Category	Agency/Organization	Geographic Area Served	Service Gaps (check one)
1. residential respite (required)	Berkshire Farms (PINS respite – family homes)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Center for Youth Services (R/HY shelter & TEFs)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Salvation Army (R/HY shelter)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Melita House (group home)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Dept of Human Services (shelters & hotels)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Hillside Children's Center (emergency shelter group beds)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. crisis intervention – 24 hr/day (required)	FACT Info Line	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	NightWatch (RPD/Probation)	City of Rochester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	County Night Watch (Mon Co Sheriff/Probation/Greece PD)	county (non City of Rochester)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	JIT (Juvenile Intervention Team) (RPD/Probation/ FACIT)	City of Rochester- NE quadrant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Rochester Community Mobile Crisis Team (Strong Behavioral Health)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Lifeline (24 Hotline) (Health Association/Strong)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	FACIT (Rochester Police Department)	City of Rochester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

		Hillside's Service Integration Team (crisis counseling line) (24 Hour)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Metro Teen Help Line (Lifeline)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		211 Line (24hr Info/Referral Service) (Rochester Police Dept/911 Center)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	diversion services (required)	In-Home Diversion (Hillside Children's Ctr/Crestwood)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Functional Family Therapy (FFT) Cayuga Home for Children	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Multi-Systemic Therapy (MST) Cayuga Home for Children	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Juvenile Reporting Center (JRC) St. Joseph's Villa/Probation	City of Rochester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		SPOA (ICM & Home Based Waiver) Monroe Co. Office of Mental Health	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Youth Family Partnership (care coordination) MCOMH, Mon Co Probation, MCDHS	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	alternatives to detention (required)	Curfew Checks (St. Joseph's Villa)	countywide (though primarily City of Roc)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Tracking (St. Joseph's Villa)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Villa Release Program (St. Joseph's Villa)	City of Rochester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Electronic Monitoring (Mon Co Probation)	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	alternative dispute resolution program (optional)	PINS/JD Mediation Center for Dispute Settlement	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Monroe County publishes several inventories of services available to youth and families throughout the community. The Rochester-Monroe County Youth Bureau publishes the Youth Yellow Pages and the Adults Guide to Youth Services. The Rochester-Monroe County Youth Bureau in collaboration with the Monroe County Office of Probation-Community Corrections developed a service inventory for 16 & 17 year old youth. The Monroe County Department of Human Services-Preventive Services Unit annually publishes the *Preventive Services: Program & Eligibility Standards*. These inventories have been shared with FACT, Probation and other emergency contact points to raise awareness of those working with youth and families of the services available in the community. In addition, Monroe County has implemented a 24 hour information and referral hotline (*211) and a website (www.211fingerlakes.org) containing a complete inventory of human services available in the Finger Lakes region.

The following outlines the specific programs in the 4 categories required, and efforts to shift/expand resources to better meet the requirements of PINS youth and families.

Residential Respite

When a youth comes to the PINS system in need of alternative or respite housing, the FACT Facilitator attempts to utilize family and friends as the first source of housing options. When those are exhausted or not available/viable, FACT Facilitators explore the needs of the youth (housing as well as other needs) and try to match the youth to one of the following housing options. To date, FACT Facilitators have been able to meet the housing needs of PINS youth by utilizing family, friends and emergency housing/respite program resources.

- Berkshire Farm Center- Rochester Office: Provides 15 beds in emergency family home settings for youth ages 7 – 17 referred by FACT. Youth can stay up to 21 days however the average stay is 2-5 days.
- Center for Youth Services: Operates a 12 bed (R/HY) co-ed shelter for youth ages 12 to 18. The shelter is located within the City of Rochester and is operated pursuant to R/HY Regulations. In addition, the Center for Youth Services operates a Temporary Emergency Family (TEF) program that has 5 beds for youth ages 12 to 18. TEF homes are located throughout the county.
- Salvation Army: Operates Genesis House (R/HY) a 14 bed co-ed shelter for youth ages 16 – 21 who can stay up to 30 days. Youth are self-referred. The shelter is located within the City of Rochester and is operated pursuant to R/HY Regulations.
- Melita House (pregnancy): An 11 bed (8 emergency and 3 transitional) home for pregnant & parenting teens (females) up to age 1. Melita house is operated by Mercy Residential Services. The length of stay (LOS) is based upon the individual youth's needs. Youth must be residents of Monroe County. Youth may be self-referred, or referred by an agency or family member.
- Department of Human Services: DHS can provide youth ages 16 to 20 with emergency housing. DHS placed 868 youth ages 16 to 20 in 2007, who were without parents, in emergency housing. The 868 placements included: 285 placed in youth shelters (33%), 409 youth placed in adult shelters (47%) and 174 youth placed in hotels (20%). In addition, there were 279 children accompanying these teens (teen parents) at the time of their emergency placement.
- Hillside Children's Center: Emergency respite for youth ages 7-16 needing group care and who are NOT able to manage in an emergency family setting

Crisis Intervention

As part of the PINS Re-Design process in 2006, Monroe County conducted an analysis of the time of day when potential PINS petitioners were making calls to Probation as well as type of call/purpose of the call. The analysis revealed that very few calls came into the Probation Juvenile Intake/PINS Line during non-office hours. In many cases, parents or community members in crises contacted the array of existing emergency and/or crisis contacts in the community prior to contacting Probation. In January 2007 when Monroe County unveiled the PINS system Re-Design, it incorporated emergency/immediate PINS response into the system redesign through the utilization of an array of existing and some new community based emergency and crisis services.

- FACT: FACT staff rotates coverage of the FACT Intake Line. The line is staffed Monday and Friday from 9:00 am – 5:00 pm and Tuesday –Thursday from 9:00 a.m. to 8:00 pm. FACT also offered Saturday hours (12:00 – 4:00) twice a month until April 2008. It was decided to end the Saturday hours due to the seldom nature of phone calls and no walk-ins. FACT staff triage calls and assist the caller in identifying next steps. Staff have benefited from training in engagement skills provided by Dr. Mary McKay from Columbia University. During non office hours, callers are directed (via a message on the phone) to call 911 if it is an emergency or contact 211 and/or

Hillside Services Integration, or leave a detailed message including the reason for the call, and best method/time to reach the caller. Callers that leave messages are contacted the next business day.

- NightWatch: Probation is able to enlist the assistance of NightWatch (a combined Rochester Police Department and Probation Officer team that works evening hours to serve warrants, curfew checks, etc) to visit a youth who resides in the city.
- County Nightwatch: Probation will be able to enlist County Nightwatch (Monroe County Sheriff Deputies and/or Greece Police Department, and Probation Officer team) for youth who are not city residents.
- JIT (Juvenile Intervention Team): Probation Officers, police officers and 911 dispatchers are able to contact JIT (a combined Rochester Police Department, FACIT and Probation Officer team that works evening hours) to perform curfew checks, "knock and talks", to go to a youth's home to respond to family crisis, and help youth and family develop a short-term plan until they can see their Probation Officer or FACT Facilitator. If needed, they can help the youth find safe housing.
- Rochester Community Mobile Crisis Team: A service of Strong Behavioral Health, Comprehensive Psychiatric Emergency Program. RCMCT provides on-site services for children in need of crisis mental health services who cannot get to a mental health provider. Child Specialist staff meet with children and their families in the home, school and community. The Child Specialist provides a one-time assessment and follow-up. Annually about 459 youth (up to age 18) are served.
- Lifeline: A 24 hour telephone line staffed with trained volunteers who handle a wide array of individual and family issues by linking them to appropriate services. Lifeline has on-site psychiatric resources available.
- Metro Teen Help Line: Operated by Lifeline 24/7. Utilizes youth and young adults to answer calls directly from youth.
- Monroe County's 211 line: The 211 line will screen calls and link the caller with the respective provider or system of service based upon needs expressed during the call. For many families, this is the starting point to find out about available services, hours of operation, criteria, etc. This is a free service.
- FACIT: Operated 24/7 by the Rochester Police Department. FACIT staff go to family disturbance calls to assist in mediating situations, identifying needs and linking parties to appropriate services.
- Hillside Services Integration Team: Hillside operates a 24/7 crisis counseling line which utilizes trained counselors to triage calls, link the caller to services and provide some follow-up. A staff person from the Alternatives to Youth (AIY) program is co-located there and is available to handle crisis calls directly from youth.

Diversion Services

Monroe County has been providing diversion services to PINS youth and families for over 20 years. Monroe County currently utilizes (and is planning to continue to use) both formal diversion programs as well as a wide array of Preventive funded programs and youth serving programs funded by other sources. The following is a list of formal diversion services that are currently being utilized for this population of youth:

- In-Home Diversion: A 36 slot in-home diversion program for PINS youth operated by Hillside Family of Agencies (Hillside Children's Center and Crestwood Children's Center).

- Functional Family Therapy (FFT): A 40 slot diversion program for youth ages 11 – 18 operated by Cayuga Home for Children.
- Multi Systemic Therapy (MST): A diversion program for high-risk youth Open slots in the 32 slot program can be accessed by FACT.
- Youth and Family Partnership (YFP): A program for high-risk youth that utilizes a care coordination model. FACT can access slots in YFP for youth on an as needed basis.
- Juvenile Reporting Center (JRC): Supervised programming for PINS youth age 14 -17 five days per week (Tuesday – Saturday) afternoon and evenings. Provides counseling, referrals, tutoring, and intensive supervision for up to 4 months. Transportation to and from the JRC is provided.

Monroe County will continue to look for opportunities to expand the number and variety of evidence based diversion programs that are based upon the needs of youth and families entering the PINS system.

Alternatives to Detention

In 2005 Monroe County applied for and received a grant from OCFS/TANF for *Prevention of Detention Placements and PINS Services*. Monroe County contracted with St. Joseph's Villa for a Juvenile Reporting, Curfew Check, and Tracking program for pre-adjudicated PINS youth. Monroe County believes that the Juvenile Reporting and Tracking Program, now referred to as the Villa Release Program (VRP) has filled a critical gap in the local juvenile justice system's continuum of alternatives to detention.

- Villa Release Program: A program of St. Joseph's Villa targeted to prevent detention of PINS youth. The program has three distinct components: Villa Release (5 slots added to Juvenile Reporting Center (JRC)); Tracking Program (up to 6 slots), and Curfew Checks.
 - o Villa Release Program: Added 5 slots added to Juvenile Reporting Center (JRC). VRP provides both educational and pro-social programming 5 days per week (Tuesday-Saturday). On weekdays, the program staff pick up the youth at school or in an approved vocational/work training program and keeps them through the evening, returning them to their homes around 8:00pm. Saturday programming is offered during the day and includes a pro-social activity. For program Year 3 (7/1/07 – 4/1/08), 43 youth were served in the program.
 - o Tracking Program: Designed for pre-adjudicated youth that do not need the intensity of VRP but could benefit from additional support/oversight/monitoring while living at home pending the disposition of their court case. The Tracking Program staff will be responsible to make a minimum of two face-to-face observations of the youth daily and a curfew check by phone or home visit, at least 4 times per week (randomized). The tracker will record the observations including date and time of contact, location of contact and observation. Tracking staff will provide this information within 24 hours to the referring source. If the tracker is unable to locate the youth they will notify the referring source and the JRC Coordinator as soon as possible. For program Year 3 (7/1/07- 4/1/08), 19 youth were involved in the program.
 - o Curfew Checks: Probation Intake or Family Access and Connection Team (FACT) can refer directly to the Program Coordinator to ensure that youth are following the curfew set forth as a condition of diversion or by the FACT facilitator in the FACT case plan. Curfew checks will occur nightly, Monday thru Friday, between 9:00 and 11:30. All attempts will be made to conduct curfew checks in person. Youth who are not the subject of an "in person" curfew check, will get a telephone check. It is anticipated that youth referred for

curfew checks will be seen on average 3 times per week. The program maintains the ability to see youth more frequently and complete checks on weekends, as needed. For Year 3 (7/1/07 – 4/1/08) 213 youth have received curfew checks with 72% being found home/in compliance with curfew expectations.

- o Electronic Monitoring: For pre-adjudicated court referred youth, Judges may order electronic monitoring for PINS youth based on safety assessment, phone system compatibility and willingness of youth and family to adhere to rules and conditions. Youth are monitored 24/7 and are restricted to home except for school, work, approved appointments, court and church

Alternative Dispute Resolution Services

PINS/JD Mediation Program: The program is operated by the Center for Dispute Settlement which has been very successful in resolving issues so that the cases do not return to FACT, Probation Intake or Family Court.

- c) PINS Procedures. APU Instructions: Please provide description of any changes that have been made to these procedures since the submission of your current **plan**.

	PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided (include any collaborative team processes)
1.	Provides an immediate Response to youth and families in crisis <i>(include 24 hour a day response capability)</i>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Both <input type="checkbox"/> Other FACT	See narrative section following the chart
2.	Determines need for residential respite services and need for alternatives to detention	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other FACT	See narrative section following the chart
3.	Serves as intake agency—(accepts referrals for PINS diversion services and conducts initial conferencing and makes PINS eligibility determinations)	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other FACT	See narrative section following the chart
4.	Conducts assessment of needs, strengths and risk for continuing with PINS behavior. Name of assessment instruments used: <u>YASI</u>	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other FACT	See narrative section following the chart
5.	Works with youth and family to develop case plan	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other: FACT	See narrative section following the chart
6.	Determines service providers and makes referrals	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT	See narrative section following the chart

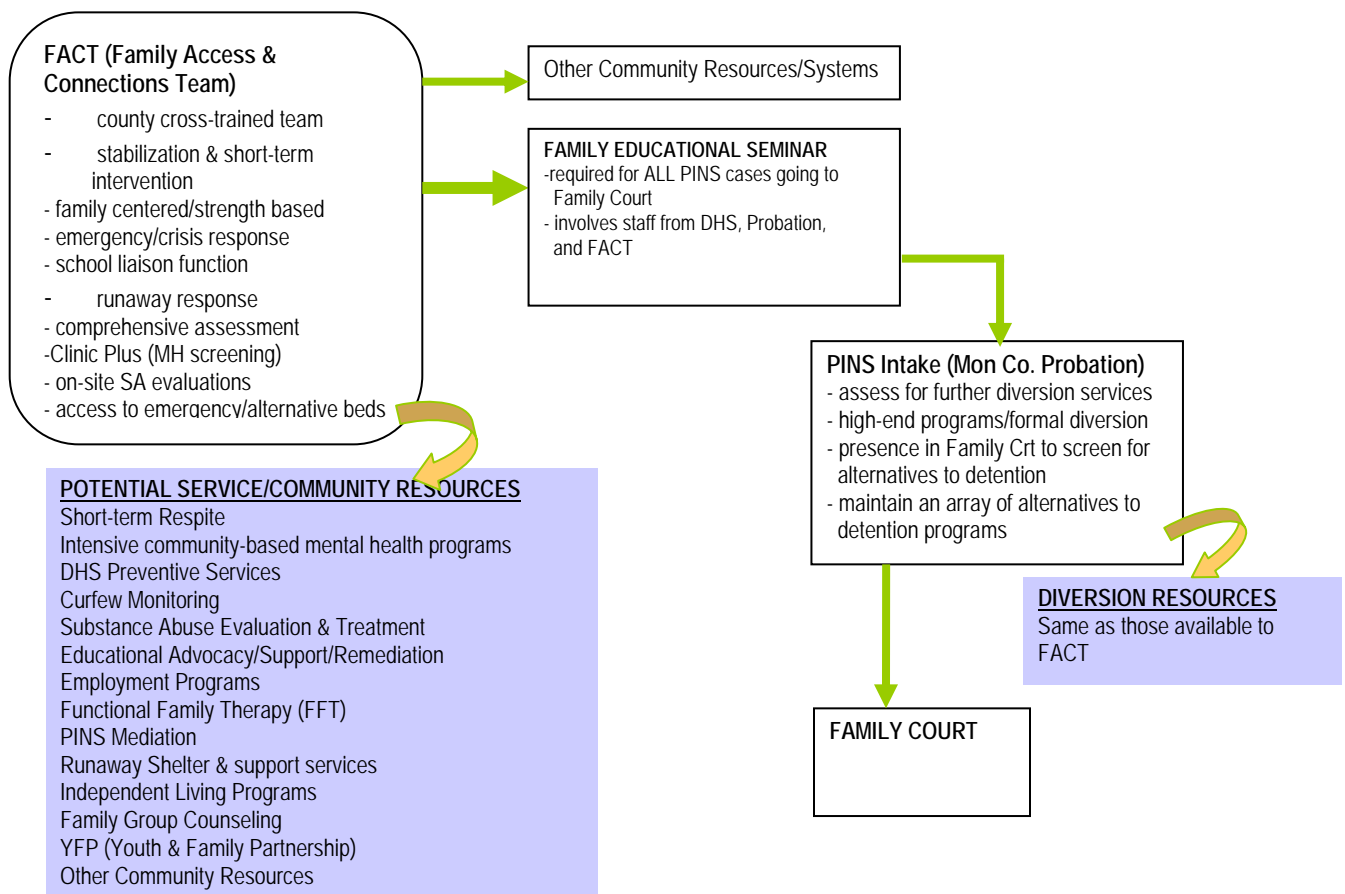
7.	Make case closing determinations	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT	See narrative section following the chart
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In 2007, Monroe County implemented a new PINS process which shifted the “front door” to a multi-discipline team that is comprised of staff from Department of Human Services/Child & Family Services, Probation and OMH/CCSI. The model used for intervening with families is a short term intervention and stabilization including assessment and linkage with other services/providers. The redesigned system includes the following components:

- A new County operated assessment and referral process linked with the mental health Single Point of Access (SPOA) which will provide intervention for families experiencing significant emotional and behavioral challenges with their children;
- A new way to respond to the needs of youth who runaway and their families;
- 24 hour respite services;
- A cooperative effort with area school districts to develop and implement a truancy protocol;
- Family education seminar

The diagram below outlines the new PINS system:

Monroe County PINS System 2008



The following section describes the procedures and structures currently in place for delivering diversion services under the new re-designed PINS system. The procedures identified below will be reviewed as we continue with the PINS systems re-design. Any changes will be reflected in the 2010-2012 Child & Family Services Plan and the corresponding PINS Diversion MOU.

How will Monroe County Staff FACT

FACT utilizes a collaborative supervision and staffing design combining County and contract staff:

- 3 Supervisors (Probation, DHS, SPOA)
- 1 Sr. Probation Officer
- 2 Probation Officers
- 1 DHS Caseworker
- 1 DHS School District Liaison
- 2 Probation Assistants
- 18 Facilitators
- 1 Administrative Assistant

How will the county provide an immediate response to families and youth in need of services? Please include provision for 24 hour response capability

Monroe County has done an analysis of the time of day when potential petitioners are making calls to Probation as well as the type of call/purpose of call. Very few calls come into Probation during non-office hours. Monroe County anticipates that families and community members will continue to contact the existing array of emergency contacts during non-business hours. FACT's operational hours are 9 a.m. - 5 p.m. Monday and Friday, and 9 a.m. – 8 p.m. Tuesday thru Thursday.

Monroe County will use the FACT Information number as the first contact point. FACT staff will respond to callers by triaging the call, identifying the needs of the caller and youth. If the situation is one that requires services from a mobile or crisis service, the FACT Facilitator will link the youth and family to that system and follow-up to ensure that the crisis is being addressed. During non office hours, a message will be on the FACT information line directing people to contact the police (911) in an emergency, or to contact 211 and/or Hillside Services Integration in order to speak with someone immediately, or to leave detailed message including reason for the call and best method/time to reach the caller. Callers who leave messages are contacted the next business day. FACT will keep data on the type of call, needs of the caller and youth, if the call involves a current PINS matter or Probationer, and what services/systems were the individuals linked to. This information will be reviewed and gaps in service delivery system identified. The information will be incorporated into ongoing planning and implementation efforts. Police agencies and other referral sources have been instructed to refer families to FACT and not to the Family Court. Monroe County Family Court Clerk's office routinely re-directs parents to FACT's offices at 1099 Jay Street.

How and by whom eligibility for PINS diversion will be determined?

As mandated by PINS legislation, youth who are exhibiting PINS like behaviors (at-risk) will be considered eligible for PINS services. During both the initial contact and the face-to-face conference, FACT staff who respond to the initial PINS inquiry will identify the concerns of the youth and family, list the services and systems the youth and family have been involved with and the outcomes of that involvement, and explain the PINS system and the outcomes they can expect. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have made that connection.

All PINS eligible youth and families, as defined above will be determined to be "suitable" for FACT. Per statute, there are no exceptions. Before any consideration for PINS petition filing, an assessment and determination will be

made that there is no substantial likelihood that the youth and his or her family will benefit from further diversion services.

If a youth has had previous contact with the PINS system, the assigned FACT Facilitator will review all available records. The FACT Facilitator will discuss with the youth and family what resources were helpful and the expectations they have of the PINS process. FACT will not exclude a youth from diversion services who has received diversion services in the past unless the youth refuses to participate in diversion services

How potential petitioners initiate a request for diversion services.

Monroe County will use the FACT Information number as the first contact point. FACT staff will respond to callers by triaging the call, identifying the needs of the caller and youth. FACT staff will respond to callers during the hours of 9 a.m. - 5 p.m. Monday and Friday, 9 a.m. – 8 p.m. Tuesday thru Thursday. Messages left during non-office hours will be returned the morning of the next business day. During non office hours, a message will be on the FACT information line directing people to contact the police (911) in an emergency or contact 211 and/or Hillside Services Integration to speak with someone immediately or to leave detailed message including reason for the call and best method/time to reach the caller. Callers that leave messages are contacted the next business day. FACT will continue to keep data on the number of calls, type of call, needs of the caller and youth, where referred to, if the call involves a current PINS or Probationer, etc. This information will be reviewed and adjustments to staff coverage hours may be made based upon analysis of the data.

The *Education Liaison* position is jointly funded by DHS and OMH. School districts wishing to file a PINS Truancy complaint will be encouraged to contact the *Education Liaison* to discuss the situation and identify other options available to the school to address the behavior. School districts still desiring to file a PINS Truancy complaint will be required to complete a referral form in which the school district must identify what efforts have been taken to address the truancy behavior and the results of each intervention. In addition, if the child is classified as special education, the school district must attach documentation that a Nexus Hearing was held and the results of that hearing along with indicating who was present at the hearing. Each school district has been assigned a FACT facilitator(s) to serve as a contact point(s). If a school referral is incomplete, the *Education Liaison* will contact the school district, review the case, identify what is missing or unclear, list the current issues, and question the school district expectations from the PINS system. The District representative and the *Education Liaison* will agree to a course of action.

How and by whom the initial conference will be schedule?

Once a parent or guardian contacts FACT (either via phone or walk-in), a FACT Facilitator will speak with the parent/guardian and complete an information screening. The Facilitator may assist the caller to resolve the issues during the phone call or they may arrange to meet the family either at the FACT office or at another location that the family suggests. If the parent/guardian comes to the FACT office (walk-in), the Facilitator may have the meeting immediately if the child is also available/present. FACT is designed to provide immediate short-term intervention services coupled with individualized planning to address longer-term issues. The FACT Facilitator will support the family in connecting to any specialized services that they might need.

The FACT Facilitator who has the initial contact with the family/parent will assess the situation, identify any crisis needs, make any necessary referrals/linkages, and schedule a face-to-face conference with all the parties. The FACT Facilitator (who has the initial contact) will be assigned to the case (generally) and will stay with the youth and family through diversion services unless a geographic or school based assignment is deemed appropriate and is preferable to the youth and family or the youth/family has previously engaged with another facilitator and would like to work with him/her again.

The FACT Facilitator who has the initial contact with the family/parent will assess the situation, identify any crisis needs, make any necessary referrals/linkages, and schedule a face-to-face conference with all the parties. The FACT Facilitator (who has the initial contact) will be assigned to the case (generally) and will stay with the youth and family through diversion services unless a geographic or school based assignment is deemed appropriate and is preferable to the youth and family or the youth/family has previously engaged with another facilitator and would like to work with him/her again.

School referrals for PINS should be filed with FACT using a truancy protocol referral form to document the truancy behavior and the diligent efforts/actions that the school has engaged in to address the behavior. FACT's *Education Liaison* is available to consult with school districts on youth's needs and assist them in implementing a plan to address truancy.

FACT Probation staff will partner with parents/guardians of youth who have runaway to offer a **community-based intervention that locates the youth and ensures safety**. Respite beds will be available for youth who need a short-term alternative place to stay while an individualized plan is developed.

If the youth and family are unable to resolve the issues while working with FACT and wish to pursue a PINS petition, the parent/guardian will be required to attend a **Family Education Seminar** prior to filing a PINS petition. The seminar is to educate parents/guardians on the possible consequences of filing a petition and also offer alternatives that are available to both the youth and family.

How an assessment will be made to determine whether the youth would benefit from residential respite services or other alternatives to detention?

Determination of the need for respite will be based upon the presenting situation and a safety assessment of the home. If the home is determined to be unsafe due to violence, instability, unsafe behavior of the youth or the parent/relative, alternative housing options will be explored. The first option will be to identify a relative or other adult family member who can take the youth in. The second option would be to identify an adult friend of the family who can assist the youth. The third option would be use of an emergency or respite bed. If a youth goes into a respite or emergency bed the FACT staff will meet with the youth, family and the respite/emergency housing staff to discuss the situation and develop a plan. If it is determined that there are mental health issues and a mental health oriented bed is needed, then FACT will link with OMH to conference the youth.

In cases where the family contacts FACT because a youth has runaway or is currently missing/whereabouts unknown, the matter will be assigned to the Probation Officer assigned to FACT. Parents will be asked to file a missing persons report with the police and to work with the Probation Officers to make every attempt possible to locate the youth. If the Probation Officer locates the child, the Probation Officer will attempt to get the child to return home with necessary supports. If that is not possible, they will work with FACT Facilitator as well as the youth and parent, to find alternative living situation including using a respite bed.

What assessment protocols will be used to determine risks, needs and strength?

Monroe County continues to use the YASI as the core screening and assessment instrument. All youth and families that come in for a face-to-face conference will have a YASI Assessment completed. In addition, FACT has on-site substance abuse assessments available. VIA Health provides the Child Plus program, through which a mental health clinician is on-site at FACT to complete mental health screens on youth and refer them on for more comprehensive mental health assessment. This information can further assist FACT, the youth and the family in identifying needs and develop a plan to address his/her needs in the community.

How and by whom referral to services and a case plan will be developed, including any case plan protocols that will be used?

The FACT Facilitator upon completion of the YASI Full Screen (for medium and high risk) will develop a diversion plan jointly with the parent/guardian and the youth which outlines needs, services/programs referred to, behavioral expectations, and frequency of communication and follow-up between FACT, the youth and family. The case plan is continually re-assessed with the youth and family, as new information becomes available and updated. At the time the plan is developed, families are given information about the referral program and expectations. This is communicated initially by FACT and reinforced by the referral program.

If the FACT Facilitator decides to refer a youth and family for services to a community-based program, the FACT Facilitator will assist the family in making the connection or linkage. The FACT Facilitator will clarify with the program what information they need, and how the program and FACT will communicate about services provided. FACT will send a referral form (fax when possible) and attach a copy of supporting documentation and assessment information as required/requested. The intake interview with the referral agency will include the youth and at least one legal guardian and may involve the FACT Facilitator if the parent or youth requests this. The FACT Facilitator follows-up with the family as well as the referral agency to ensure that the youth and/or family are connected to services. If the connection does not occur or is not successful, the FACT Facilitator will meet with the youth and family to reassess the needs and discuss other options.

If a youth and family are being referred to a formal diversion program or a preventive program, the FACT Facilitator will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FACT Facilitator will then close the case in FACT and transfer it to Probation Juvenile Intake for monitoring and support of the family. Initial contact with ready-to-open cases is expected to be initiated within three days by referral agencies. The diversion program will make contact with the child and family within one week. The referral agency will communicate using a standardized letter that outlines expectation of wait time including interim contact person and phone number. A copy of the letter will be forwarded to Probation Juvenile Intake. The initial intake interview with the referral agency will include the youth and at least one legal guardian and will involve further assessment, trust building and necessary paperwork. Strengths will be identified and mutual goals and expectations agreed upon. Subsequent meetings will encourage participation from all members of the family including any other significant persons not currently living in the household. The agency's treatment plan incorporates the probation plan and is written with family input within twenty days and shared with the family, Probation and DHS (if in a Preventive funded program). By the third week there will be a conversation regarding the case plan and goals between the Probation Officer and the service provider, initiated by the worker.

If the FACT Facilitator refers the youth and family to Juvenile Report Center, the FACT Facilitator will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FACT Facilitator will also close the case in FACT and transfer it to Probation Juvenile Intake for monitoring and support of the family. Initial contact with ready-to-open cases is expected to be made within three days by referral agencies.

Criteria and Procedures for Determining Case Closing

FACT

The procedure used in FACT to close a case is as follows:

- FACT Facilitator case conferences with his/her supervisor every case each week. When it is determined that a case is ready to be closed, the FACT Facilitator will discuss the particulars with his/her supervisor and determine that no other services are needed, or the family no longer wants services from FACT.

- The FACT Facilitator will complete a closing summary and draft a closing letter. If the matter is being petitioned, the FACT Facilitator will also draft a letter to the court outlining what diligent efforts were tried and their outcomes.
- The Supervisor will review the case, the closing summary, and closing letter (or diligent efforts letter for the court). If everything is complete, the supervisor signs off on the case and enters the outcome/closing into the computer. If the matter is being referred to court, the file is given to the FACT Probation Supervisor/Probation Officers to prepare the petition and file it with the court.

FACT utilizes four (4) categories for case closings: Not Pursued, Adjusted, TW/O Adjustment (Terminated without Adjustment) or Transfer to Intake.

DIVERSION/JUVENILE INTAKE

All court ordered requests for PINS diversion services are referred to the Probation Intake/Diversion Unit. Additionally, all FACT matters that result in referrals to FFT or MST are transferred to the Probation Intake/Diversion Unit and assigned a probation officer. Probation Intake/Diversion may be used as a graduated sanction for cases that have previously been opened at FACT if deemed appropriate by the FACT supervisory staff. FACT also has the ability to refer higher risk PINS youth to Youth Family Partnership program for intensive care coordination services.

Notification to the potential petitioner when services are terminated based on determination that interventions were successful, detailing the diligent efforts undertaken

Both Probation Intake and FACT have developed a letter that is sent when a case is closed and the services have been completed. The letter lists the interventions and the status of the interventions. The letter will be sent to the family/guardian as well as to the child. In the case of a truancy complaint, the letter will be sent to the school, the family and youth.

Notification to the potential petitioner when services are terminated based on determination that interventions were unsuccessful & there is no substantial likelihood of the youth and family benefiting from further attempts or services and the case has not been successfully diverted (include documentation of diligent efforts to the court)

FACT and Monroe County Probation have developed letters that are sent when a case is closed (but not petitioned to court) when the interventions were not successful and there is no substantial likelihood of the youth and family benefiting from further diversion attempts or services. The letter will list the interventions attempted and state why they failed. The letter will be sent to the petitioner, the youth (respondent) and his/her family (if not the petitioner). In the case of a truancy complaint, the letter will be sent to the school, the family and youth. For those cases that are being petitioned to court, Probation has revised the petition report to document diligent efforts consistent with the PINS law and ASFA requirements. A copy of this is maintained in the case file.

II. PINS Diversion Services Plan

a) Development of PINS Diversion Services Plan and MOU

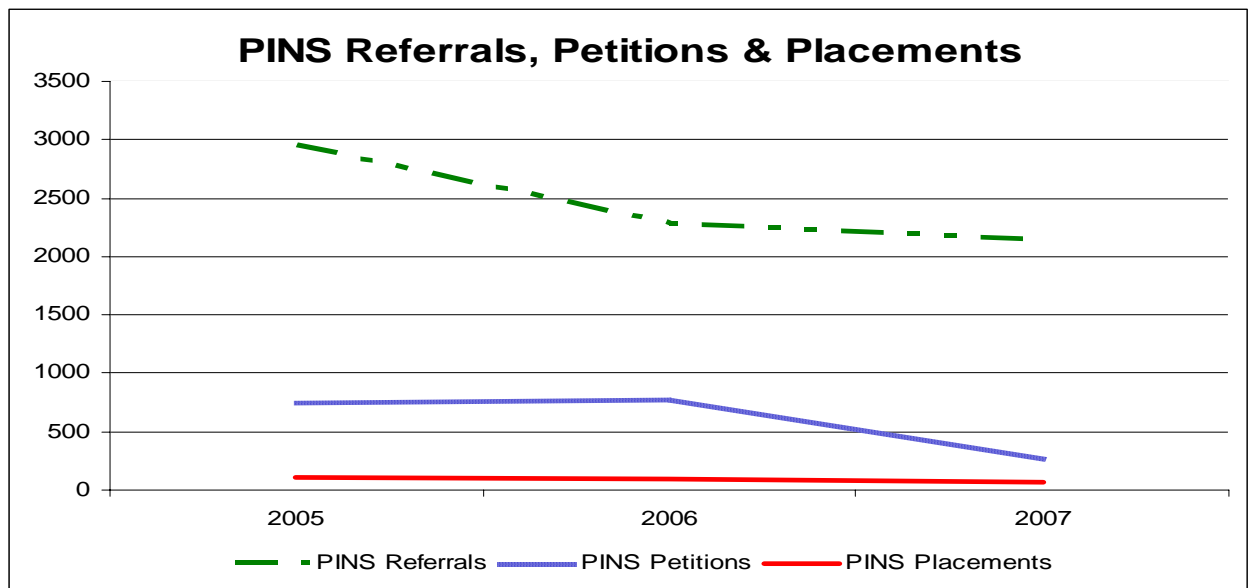
1) Planning Activities.

In 2007 Monroe County implemented its re-designed PINS system (see previous section for a detailed description of the new system). Oversight of the new system utilizes a multi-tier model involving representatives from several systems to ensure both continued buy-in and participation by several systems as well as

accountability of the new system to the larger community on an ongoing basis. The oversight of the new PINS system includes:

- Weekly individual supervision with FACT staff
- Weekly staff meetings with FACT staff and all Supervisors to ensure consistency/continuity amongst the three teams. Meetings are also used to provide in-service training, hear presentations from community resources, and review data/operations/polices/practices. Case presentations are a critical component of the staff meetings.
- FACT Implementation Team (FIT) meetings held twice a month with three supervisors of FACT, Probation, OMH/CCSI and DHS Administration.
- Monthly reports presented to the Monroe County Juvenile Justice Council (The Council includes representatives from Probation, DHS, OMH, OCFS, Law Department, Family Court, Rochester City School District, County Planning, Law Guardians, Presentment Agency, Rochester Police Department, Monroe County Sheriff's Department, CCSI, and DA's Office).

Monroe County has just completed its first year of operation under its new PINS system. Data is continually being reviewed and discussed. While it is too early to draw many conclusions from 1 year of data, it is clear that the number of PINS referrals, the number of PINS petitions filed and subsequent PINS placements (on original petitions) are down from that of 2005 and 2006. (See chart below) Continued tracking of these and other data points will need to occur.



In addition to the PINS Re-Design effort, Monroe County received an OCFS Technical Assistance grant in fall of 2007 to have the Vera Institute for Justice work with Monroe County to reform the local juvenile detention system. Monroe County held a two day retreat in the fall of 2007. Monroe County representatives left the two day process with an agreement on (1) guiding values for detention in Monroe County, (2) a commitment to develop, test, and implement an objective, standardized juvenile detention risk assessment instrument (RAI) for JDs at-risk of secure detention, and (3) design and implement a continuum of alternatives to detention. Two sub-committees (Risk Assessment Instrument and Alternatives to Detention) were formed as well as a Detention Reform Steering Committee to oversee the design and implementation of detention reform efforts in Monroe County. Monroe County set an aggressive timeline to begin implementation of an RAI in early 2009 while it worked on developing and implementing viable alternative to detention options for the Family Court

judges. The results of this effort and the services developed/implemented will be outlined in the 2010-2012 Child and Family Services Plan.

2) Changes in Stakeholder and Service Agency Involvement in Planning.

☒ *If no change in stakeholders or service agencies, check here.*

b) County assessment of needs for PINS population. *Identify any aggregate needs assessments conducted or updated since submission of your current plan.*

Needs assessment activities are on-going and inform the decisions that are being made in the PINS system. Monroe County approaches needs assessment of PINS youth (as well as JDs) in several ways:

- Data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including detention, Probation, DHS, OCFS, and Family Court. The data obtained and any issues of concern are discussed. If warranted, subcommittees or work groups are formed to address issues identified via this review.
- The Alternative Program Committee (APR) (committee that reviews all youth where Probation is considering recommending placement to look for alternative, community based options) has established a centralized data base that is used to discuss individual youth. Aggregate data can be taken from the data base to identify needs, gaps in service options, etc.
- The Non-Secure Detention Review Committee (comprised of DHS, Probation, and Hillside Non-Secure Detention) meets weekly to review all youth in Non-Secure Detention to look for opportunities to move youth faster through the system and reduce LOS (length of stay). The committee identifies systemic issues as well as department issues and raises concerns to Administration.
- DHS completes an annual review/analysis of PDI's for PINS and JD youth who have been placed with DHS to identify changes in demographics, and unmet needs or gaps in community services/resources. A report is prepared annually and shared with Administration.
- DHS tracks monthly numbers of PINS and JD youth and reports them on a Department Report Card.
- Monroe County has contracted with CCSI Inc. to conduct an evaluation of FACT that includes an analysis of the cases coming to FACT and their outcomes; as well as interviews with parents/guardians, youth, school personnel, etc.....

The Juvenile Justice Council is in the process of developing a comprehensive data collection/reporting tool that will capture and report monthly key benchmarks in the juvenile justice system including alternatives to detention program outcomes. The tool will be modeled on a data collection tool currently used in Onondaga County to track their detention reform efforts and impacts on the local juvenile justice system. Monroe County anticipates implementing the new reporting tool 1/2009.

c) Outcomes

Please identify the intended outcomes to be achieved for the PINS population. These should be expressed as desired changes in community, family or individual behaviors or conditions. For each current outcome, please provide a brief description of the progress made to date. Please make any necessary changes to the indicators or strategies for each outcome with a brief explanation for the change. For new outcomes:

1. *Identify quantifiable and verifiable indicators of the desired change in conditions or behaviors; and*
2. *Describe strategies to be implemented to achieve the identified outcomes. Each strategy should include the timeframe for completion, and a designation of what agency (ies) or department(s) is responsible for implementation. Strategies must be related to the achievement of the outcome.*

OUTCOME 1: Decrease the number of PINS Intakes coming to Probation by 50% in 2007

Results: In 2007, there were 2,130 PINS referrals to FACT. In 2007, there were 160 PINS referrals that came to Probation Intake (62 crt diversions and 98 from FACT) compared to 2,079 that came in 2006. Family Court received 257 new PINS petitions in 2007 compared to 766 in 2006 (66% reduction).
Strategy to achieve desired outcome: Implement a re-design of the local PINS system
Lead Partnerships: Monroe County Office of Probation – Community Corrections Monroe County Department of Human Services: Child & Family Services Division Monroe County Department of Human Services: Office of Mental Health CCSI Inc.
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none">- Implemented FACT(Family Access and Connection Team) (1/1/07)- FACT brochure developed in English & Spanish (3/07)- Community information sessions held (4/07)- Meetings held with schools, judges, community agencies, parents groups, etc (Ongoing)- FACT implemented a wrap around fund to assist in purchasing services for individuals/families on as needed basis- Transportation RFP issued 12/06. Medical Motors began providing transportation per RFP as of 6/07- Respite RFP issues 10/06. Berkshire Farms began to provide PINS respite services as of 2/07- Family Education Seminar started 6/07. Sessions held twice monthly. Involves staff from FACT, DHS & Probation- Track data & prepare monthly/quarterly reports to FIT (FACT Implementation Team), System of Care Leadership Team, and Juvenile Justice Council- 1st Year End Report completed (6/08)- Training for FACT Facilitators (ongoing)- Developed a community response to missing/runaway children by having Probation Officers look for the youth prior to a petition being filed. This resulted in a substantial decrease in petitions filed for purposes of a warrant on a missing child.- Developed policy/protocol on when cases should be referred from FACT to Probation/s Juvenile Intake Unit for intensive diversion services.
Strategies to complete October 15, 2008- December 2009: <ul style="list-style-type: none">- Continue to meet with schools, judges, community agencies, parents groups, etc. to explain the new PIN system, discuss questions, hear concerns and strengthen the ongoing working relationship between FACT & MCOPCC's Juvenile Intake and key stakeholders in the community.- CCSI to complete the evaluation of FACT (12/08 target)- Prepare 2nd year (2008) end report (April 2009)- Offer Education Seminar earlier "in process" to increase parent participation and reduce no-show rate- Develop and pilot a Truancy Prevention/Intervention program (2009)- Revise staff training and expectations for FACT facilitators to be more family/community friendly including motivational interviewing training.
Contact(s): Leslie Barnes, Deputy Administrator, Monroe Co Office of Probation-Community Corrections; Linda Oinen, Administrator, MCDHS Child & Family Services Division

Outcome 2: Reduce by 40% the number of PINS placements with DHS on original petitions

Results: In 2007, DHS placed 68 PINS youth on new petitions compared to 91 in 2006 (25% reduction)
Strategy(ies) to achieve desired outcome: Reduce the number of new PINS petitions coming to Family Court
Lead Partnerships: Monroe County Office of Probation – Community Corrections Monroe County Department of Human Services: Child & Family Services Division Monroe County Department of Human Services: Office of Mental Health CCSI Inc. Monroe County Family Court St. Joseph's Villa
Strategies Completed as of October 14, 2008: <ul style="list-style-type: none">- Decreased the number of PI (Petitioned Immediately) cases: 2007 there were 42 vs. 295 in 2006- Increased the use of Alternatives to Detention for PINS youth. Referrals to SJV Villa Alternatives to Detention Programs (Villa Release; Curfew Checks; and Tracking) have increased substantially in the 1st half of 2008.- Mon Co secured an OCFS ATD TA grant (10/07) to work with Vera to develop and implement alternatives to detention continuum as well as develop an Risk Assessment Instrument (RAI)- Continue to use the APR process to identify alternatives to placement for youth who are at risk of placement- FACT developed and implemented a Girls Group to support young women coming in as PINS and address issues around self-esteem
Strategies to complete October 15, 2008 - December 2009: <ul style="list-style-type: none">- Begin implementation of the Alternatives to Detention continuum that comes out of the Vera/OCFS TA project- Develop more evidenced based programs as an alternative to detention and placement- APR (Alternative Program Committee) will continue to meet weekly to review any/all PINS youth where placement is being proposed a part of PDI or Supplemental Report to the court.- Develop more evidence based programs as an alternative to placement- Develop and pilot a Truancy Prevention/Intervention program (2009)- Reduce the number of truancy complaints resulting in petition.- Develop strategies to address local "placement culture" (2009)- DHS to pilot care coordination policy and practice with the Residential Placement Unit caseworkers to reduce LOS
Contact(s): Leslie Barnes, Deputy Administrator, Monroe Co Office of Probation-Community Corrections; Linda Oinen, Administrator, MCDHS Child & Family Services Division

Outcome 3: Increase the use of diversion by 20%

Results: In 2007, a total of 210 youth participated in a formal diversion program. (Note: Diversion slots in HCC In-Home Diversion Program were cut in half to 30 slots due to budget constraints.

Strategy to achieve desired outcome:

FACT will identify and screen out youth who can be served by community or school based services. Formal Diversion Programs will be reserved for higher risk youth in order to focus efforts on addressing this group of youth.

Lead Partnerships:

Monroe County Department of Human Services: Child & Family Services Division
Monroe County Office of Probation – Community Corrections Juvenile Intake Unit
Hillside Children's Center
Cayuga Home for Children
Youth and Family Partnership

Strategies Completed as of October 14, 2008:

- Re-designed referral process to the formal diversion programs in light of FACT start-up. Youth referred to one of the formal diversion programs come through FACT. FACT assesses the youth/family and determines that the youth needs the intensity of one of the formal diversion programs; they will make the referral to the diversion program AND refer the case to Probation's Juvenile Intake to provide case management/oversight.
- Re-design of PINS system, has resulted in Juvenile Intake Probation Officers having lower cases thus allowing them to provide more intensive services to diversion cases.
- Utilize the YASI to identify needs and protective factors.

Strategies to complete October 15, 2008- December 2009:

- Establish an evaluation model to gather and use data to inform decisions about viability/continuation of the existing diversion programs utilizing GTO model.
- 2009 contracts for diversion programs (current) will utilize GTO
- Identify gaps in existing array of diversion services based on outcomes from FACT evaluation and annual report(s) (2009)

Contact(s): Leslie Barnes, Deputy Administrator, Monroe Co Office of Probation-Community Corrections; Linda Oinen, Administrator, MCDHS Child & Family Services Division

Outcome 4: Reduce the LOS (length of stay) of PINS youth in Non-Secure Detention by 30% in 2007

Results: The LOS of youth in Non-Secure was 11 days in 2007 which is a decrease from 15 days in 2006. (27% decrease)

Strategy to achieve desired outcome:

Establish a viable system/continuum of alternatives to detention for PINS youth that reduces reliance on non-secure detention

Lead Partnerships:

Monroe County Presentment Agency

Monroe County Department of Human Services: Child & Family Services Division

Monroe County Office of Probation – Community Corrections Juvenile Intake Unit

Monroe County Family Court

Strategies Completed as of October 14, 2008:

- Developed a 8 ½ x 11 sheet of *Pre and Post Adjudication Alternatives* available to Family Court Judges rather than detaining/incarcerating a youth (2007)
- Re-wrote Non-Secure Detention contracts reducing the number of beds Monroe County will contract for (6/2007 & 1/2008). Beds have been reduced from 42 to 32.
- Collaboration with Vera Institute on Alternatives to Detention Initiative. Formed two subcommittees: RAI and ATD, and ATD Steering Committee to oversee reform efforts. Workplan developed to track activities and successes and keep to timeline to implement Phase 1 by 1/1/09.
- Work with Vera Institute on “retrospective” of detained youth from 10/06-5/07 using draft RAI
- Developed a draft continuum of alternatives to detention currently available to PINS youth (5/08)
- Increased Family Court use of SJV’s Juvenile Release Program by (1) having POs include recommendation in warrant requests as appropriate, and (2) have Sr. PO available in court to offer alternatives to detention options (2008)
- Continue weekly case conferencing of all youth detained in Non-Secure Detention identify opportunities to move youth through the system faster (ongoing)
- HCC provides monthly real-time track/report LOS for youth in Non-Secure Detention. This data is reported to Juvenile Justice Council monthly

Strategies to complete October 15, 2008- December 2009:

- Reduce the number of contracted Non-Secure Detention beds to 23 by 6/09 via implementation of the RAI and alternatives to detention services/resources.
- Meet with law guardians to increase the number of recommendations to court for PINS youth to participate be referred to the SJV Juvenile Release Program
- Develop local key juvenile justice system indicators (including detention data and LOS) and set up system to track and report data (1/09)
- Look for opportunities to expand viable alternatives to detention options for PINS youth

Contact(s): Robert Burns, Administrator, Monroe County Office of Probation-Community Corrections (chair of ATD Sub-Committee); Leslie Barnes, Deputy Administrator, Monroe County Office of Probation-Community Corrections (chair of RAI Sub-Committee); ; Linda Oinen, Administrator, MCDHS Child & Family Services Division